

Medicare Cost Report
Midwestern Regional Medical Center
Provider #14-0100
FYE 06/30/2009

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).
FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE
THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS
(42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION	I	14-0100	I	FROM 7/ 1/2008	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 6/30/2009	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
					I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT

DATE: 11/19/2009 TIME 14:01

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:

MIDWESTERN REGIONAL MEDICAL CENTER 14-0100

FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2008 AND ENDING 6/30/2009 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR ENCRYPTION INFORMATION
DATE: 11/19/2009 TIME 14:01

tDYZDDHbi6D7AGVTWte8hNCZ1eqpq0
B4cw10ccgBmOI87aYPuyq4n1F4.54e
kyA50wm1650dPJY0

PI ENCRYPTION INFORMATION
DATE: 11/19/2009 TIME 14:01

5jyk.XAzJuwf1:YRRrndQy9SdwgTZ0
z07ur0B1cVNNkraQERkeSjj.Ph7xbx
71q44566m10z03bk

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX
	1	A 2	B 3	4	
1					
100	HOSPITAL TOTAL	0 0	48,348 48,348	-47,921 -47,921	0 0

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX
COST REPORT CERTIFICATION
AND SETTLEMENT SUMMARY

I
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PROVIDER NO:
14-0100

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PERIOD
FROM 7/ 1/2008
TO 6/30/2009

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INTERMEDIARY USE ONLY
--AUDITED --DESK REVIEW
--INITIAL --REOPENED
--FINAL 1-MCR CODE
00 - # OF REOPENINGS

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I

DATE RECEIVED:
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tDYZDDHbi6D7AGVTWte8hNCZ1eqpq0
B4cw10ccgBmOI87aYPuyq4n1F4.54e
kyA50wm1650dPJY0

PI ENCRYPTION INFORMATION
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5jyk.XAzJuwf1:YRRrndQy9SdwgTZ0
z07ur0B1CvNNkraQERkeSjj.Ph7xbx
71q44566m10z03bk

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100	TOTAL	0	48,348	-47,921	0

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 2501 EMMAUS AVENUE
1 CITY: ZION P.O. BOX:
STATE: IL ZIP CODE: 60099- COUNTY: LAKE

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)
0	1	2	2.01	3	V XVIII XIX
02.00 HOSPITAL	MIDWESTERN REGIONAL MEDICAL CENTER	14-0100		7/ 1/1967	4 5 6 N P O

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 7/ 1/2008 TO: 6/30/2009

18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL
20 SUBPROVIDER

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. 1 N

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? N

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 29404

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA \$5105 OR MIPPA \$147? (SEE INSTRU) ENTER "Y" FOR YES, AND "N" FOR NO. N

21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA \$147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? Y

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? Y

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II. Y

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) N N

25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(c)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)	N	N		
	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.	0			
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /				
26.02	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /				
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.	N	/	/	
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02				
28.01	IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)	1	2	3	4
		0	0.0000	0.0000	
28.02	ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY	0.00	0		
	A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)	%	Y/N		
28.03	STAFFING	0.00%			
28.04	RECRUITMENT	0.00%			
28.05	RETENTION	0.00%			
28.06	TRAINING	0.00%			
28.07		0.00%			
28.08		0.00%			
28.09		0.00%			
28.10		0.00%			
28.11		0.00%			
28.12		0.00%			
28.13		0.00%			
28.14		0.00%			
28.15		0.00%			
28.16		0.00%			
28.17		0.00%			
28.18		0.00%			
28.19		0.00%			
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	N			
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)	N			
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70				
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)				
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).				
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II				
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.01	IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.02	IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.03	IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.04	IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.05	IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
	MISCELLANEOUS COST REPORT INFORMATION				
32	IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2.	N			
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2	N			
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA?	N			
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.04	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			

WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N N N
37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
38 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?

PART XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE NUMBER. (SEE INSTRUCTIONS). Y
40.01 NAME: CTCA FI/CONTRACTOR NAME FI/CONTRACTOR #
40.02 STREET: 1336 BASSWOOD ROAD P.O. BOX:
40.03 CITY: SCHAUMBURG STATE: IL ZIP CODE: 60173-
41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? Y
45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
46 IF YOU ARE PARTICIPATING IN THE NHCQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT. (SEE 42 CFR 413.13.)

	PART A 1	PART B 2	OUTPATIENT ASC 3	OUTPATIENT RADIOLOGY 4	OUTPATIENT DIAGNOSTIC 5
47.00 HOSPITAL	N	N	N	N	N

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
PREMIUMS: 0
PAID LOSSES: 0
AND/OR SELF INSURANCE: 0
54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

	DATE 0	Y OR N 1	LIMIT 2	Y OR N 3	FEE 4
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.		N	0.00		0
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.			0.00		0
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N
58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).
ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC).

MULTICAMPUS

61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO.

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL.2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

	NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00						0.00
62.01						0.00
62.02						0.00
62.03						0.00
62.04						0.00
62.05						0.00
62.06						0.00
62.07						0.00
62.08						0.00
62.09						0.00

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). / /

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	I/P DAYS /		O/P VISITS /		TRIPS	
				TITLE V 3	TITLE XVIII 4	NOT LTCH N/A 4.01	TOTAL TITLE XIX 5		
1 ADULTS & PEDIATRICS	56	20,440			1,437		50		
2 HMO									
2 01 HMO - (IRF PPS SUBPROVIDER)									
3 ADULTS & PED-SB SNF									
4 ADULTS & PED-SB NF									
5 TOTAL ADULTS AND PEDS	56	20,440			1,437		50		
6 INTENSIVE CARE UNIT	5	1,825			148		5		
7 CORONARY CARE UNIT									
8 BURN INTENSIVE CARE UNIT									
9 SURGICAL INTENSIVE CARE UNIT									
11 NURSERY									
12 TOTAL	61	22,265			1,585		55		
13 RPCH VISITS									
25 TOTAL	61								
26 OBSERVATION BED DAYS									
27 AMBULANCE TRIPS									
28 EMPLOYEE DISCOUNT DAYS									
28 01 EMP DISCOUNT DAYS -IRF									

COMPONENT	I/P DAYS /		O/P VISITS TOTAL ALL PATS	TRIPS		INTERNS & RES. FTES --	
	TITLE XIX OBSERVATION BEDS ADMITTED 5.01	NOT ADMITTED 5.02		TOTAL OBSERVATION BEDS ADMITTED 6.01	NOT ADMITTED 6.02	TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			9,772				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			9,772				
6 INTENSIVE CARE UNIT			932				
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL			10,704			1.00	
13 RPCH VISITS							
25 TOTAL						1.00	
26 OBSERVATION BED DAYS			95	28	67		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	FULL TIME EQUIV		DISCHARGES		TOTAL ALL	
		EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	PATIENTS 15
1 ADULTS & PEDIATRICS					236	12	1,689
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	1.00	842.45			236	12	1,689
13 RPCH VISITS							
25 TOTAL	1.00	842.45					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

II - WAGE DATA		AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
1	SALARIES						
2	TOTAL SALARY	47,975,761		47,975,761	1,756,788.00	27.31	
3	NON-PHYSICIAN ANESTHETIST PART A						
4	NON-PHYSICIAN ANESTHETIST PART B						
4.01	PHYSICIAN - PART A						
5	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5.01	PHYSICIAN - PART B						
6	NON-PHYSICIAN - PART B						
6.01	INTERNS & RESIDENTS (APPRVD)		41,704	41,704	2,080.00	20.05	
7	CONTRACT SERVICES, I&R						
8	HOME OFFICE PERSONNEL						
8.01	SNF						
8.01	EXCLUDED AREA SALARIES	3,240,906	707,460	3,948,366	160,175.06	24.65	
9	OTHER WAGES & RELATED COSTS						
9.01	CONTRACT LABOR:	871,501		871,501	18,636.00	46.76	
9.02	PHARMACY SERVICES UNDER CONTRACT						
9.03	LABORATORY SERVICES UNDER CONTRACT						
10	MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10.01	CONTRACT LABOR: PHYS PART A						
11	TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)	53,474,666		53,474,666	720,758.00	74.19	
12	HOME OFFICE SALARIES & WAGE RELATED COSTS						
12.01	HOME OFFICE: PHYS PART A						
12.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
13	WAGE RELATED COSTS						
14	WAGE-RELATED COSTS (CORE)	12,073,182		12,073,182			CMS 339
15	WAGE-RELATED COSTS (OTHER)						CMS 339
16	EXCLUDED AREAS	1,085,120		1,085,120			CMS 339
17	NON-PHYS ANESTHETIST PART A						CMS 339
18	NON-PHYS ANESTHETIST PART B						CMS 339
18.01	PHYSICIAN PART A						CMS 339
19	PART A TEACHING PHYSICIANS						CMS 339
19.01	PHYSICIAN PART B						CMS 339
20	WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
20	INTERNS & RESIDENTS (APPRVD)	11,448		11,448			CMS 339
21	OVERHEAD COSTS - DIRECT SALARIES						
22	EMPLOYEE BENEFITS	8,391,113	-7,585,208	805,905	21,163.98	38.08	
22.01	ADMINISTRATIVE & GENERAL	2,759,692	1,144,219	3,903,911	97,145.48	40.19	
23	A & G UNDER CONTRACT						
24	MAINTENANCE & REPAIRS						
25	OPERATION OF PLANT	1,220,549	205,788	1,426,337	71,443.69	19.96	
26	LAUNDRY & LINEN SERVICE						
26.01	HOUSEKEEPING	947,484	159,748	1,107,232	73,174.72	15.13	
27	HOUSEKEEPING UNDER CONTRACT						
27.01	DIETARY	1,380,428	-1,143,684	236,744	94,637.00	2.50	
28	DIETARY UNDER CONTRACT						
29	CAFETERIA		1,376,428	1,376,428	5,547.62	248.11	
30	MAINTENANCE OF PERSONNEL						
31	NURSING ADMINISTRATION	1,162,412	195,986	1,358,398	29,718.56	45.71	
32	CENTRAL SERVICE AND SUPPLY	305,763	51,552	357,315	11,584.20	30.85	
33	PHARMACY	1,630,127	274,844	1,904,971	59,050.03	32.26	
34	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,209,493	203,924	1,413,417	54,221.82	26.07	
35	SOCIAL SERVICE	840,151	116,450	956,601	42,862.78	22.32	
35	OTHER GENERAL SERVICE	3,877,405	708,408	4,585,813	157,833.35	29.05	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1	NET SALARIES	47,975,761	-41,704	47,934,057	1,754,708.00	27.32	
2	EXCLUDED AREA SALARIES	3,240,906	707,460	3,948,366	160,175.06	24.65	
3	SUBTOTAL SALARIES	44,734,855	-749,164	43,985,691	1,594,532.94	27.59	
4	SUBTOTAL OTHER WAGES & RELATED COSTS	54,346,167		54,346,167	739,394.00	73.50	
5	SUBTOTAL WAGE-RELATED COSTS	12,073,182		12,073,182		27.45	
6	TOTAL	111,154,204	-749,164	110,405,040	2,333,926.94	47.30	
7	NET SALARIES						
8	EXCLUDED AREA SALARIES						
9	SUBTOTAL SALARIES						
10	SUBTOTAL OTHER WAGES & RELATED COSTS						
11	SUBTOTAL WAGE-RELATED COSTS						
12	TOTAL						
13	TOTAL OVERHEAD COSTS	23,724,617	-4,291,545	19,433,072	718,383.23	27.05	

DESCRIPTION

UNCOMPENSATED CARE INFORMATION

1 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?

2 ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04

2.01 IS IT AT THE TIME OF ADMISSION?

2.02 IS IT AT THE TIME OF FIRST BILLING?

2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?

2.04

3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?

4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?

5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?

6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?

7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?

8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01

8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?

9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04

9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?

9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?

9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?

9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?

10 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?

11 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04

11.01 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?

11.02 IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?

11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?

11.04 IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?

12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?

13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?

14 IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02

14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?

14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?

15 DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?

16 ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?

UNCOMPENSATED CARE REVENUES

17 REVENUE FROM UNCOMPENSATED CARE

17.01 GROSS MEDICAID REVENUES

18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS

19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)

20 RESTRICTED GRANTS

21 NON-RESTRICTED GRANTS

22 TOTAL GROSS UNCOMPENSATED CARE REVENUES

UNCOMPENSATED CARE COST

23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS

24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .297484

25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)

26 TOTAL SCHIP CHARGES FROM YOUR RECORDS

27 TOTAL SCHIP COST, (LINE 24 * LINE 26)

28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS

Health Financial Systems	MCRIF32	FOR MIDWESTERN REGIONAL MEDICAL CENTER	IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)
		I PROVIDER NO:	I PERIOD:
		I 14-0100	I FROM 7/ 1/2008
		I	I TO 6/30/2009
		I	I

HOSPITAL UNCOMPENSATED CARE DATA

DESCRIPTION

29 TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)
30 OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS
31 UNCOMPENSATED CARE COST (LINE 24 * LINE 30)
32 TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL
(SUM OF LINES 25, 27, AND 29)

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 14-0100
II PERIOD:
I FROM 7/ 1/2008
I TO 6/30/2009I PREPARED 11/19/2009
I WORKSHEET A
I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1 0100	OLD CAP REL COSTS-BLDG & FIXT					
2 0200	OLD CAP REL COSTS-MVBLE EQUIP					
3 0300	NEW CAP REL COSTS-BLDG & FIXT		5,807,134	5,807,134	3,587,747	9,394,881
4 0400	NEW CAP REL COSTS-MVBLE EQUIP		8,352,519	8,352,519	456,033	8,808,552
5 0500	EMPLOYEE BENEFITS	8,391,113	9,689,602	18,080,715	-7,585,208	10,495,507
6 0600	ADMINISTRATIVE & GENERAL	2,759,692	184,641,474	187,401,166	1,304,333	188,705,499
7 0700	MAINTENANCE & REPAIRS					
8 0800	OPERATION OF PLANT	1,220,549	5,228,568	6,449,117	205,788	6,654,905
9 0900	LAUNDRY & LINEN SERVICE		285,402	285,402		285,402
10 1000	HOUSEKEEPING	947,484	514,259	1,461,743	159,748	1,621,491
11 1100	DIETARY	1,380,428	2,092,453	3,472,881	-2,929,056	543,825
12 1200	CAFETERIA				3,161,800	3,161,800
14 1400	NURSING ADMINISTRATION	1,162,412	619,385	1,781,797	195,986	1,977,783
15 1500	CENTRAL SERVICES & SUPPLY	305,763	600,493	906,256	51,552	957,808
16 1600	PHARMACY	1,630,127	436,131	2,066,258	274,844	2,341,102
17 1700	MEDICAL RECORDS & LIBRARY	1,209,493	402,924	1,612,417	203,924	1,816,341
18 1800	SOCIAL SERVICE	840,151	278,825	1,118,976	108,347	1,227,323
19 1950	OTHER GENERAL SERVICE COST CENTER	3,877,405	895,532	4,772,937	708,408	5,481,345
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD				50,685	50,685
	INPAT ROUTINE SRVC CNTRS					
25 2500	ADULTS & PEDIATRICS	4,677,969	950,376	5,628,345	788,718	6,417,063
26 2600	INTENSIVE CARE UNIT	1,180,885	372,374	1,553,259	199,100	1,752,359
27 2700	CORONARY CARE UNIT					
28 2800	BURN INTENSIVE CARE UNIT					
29 2900	SURGICAL INTENSIVE CARE UNIT					
33 3300	NURSERY					
	ANCILLARY SRVC COST CNTRS					
37 3700	OPERATING ROOM	1,709,498	740,413	2,449,911	288,226	2,738,137
38 3800	RECOVERY ROOM					
40 4000	ANESTHESIOLOGY					
41 4100	RADIOLOGY-DIAGNOSTIC	1,156,159	1,120,482	2,276,641	194,931	2,471,572
41.01 4101	CT SCAN	347,353	569,256	916,609	58,565	975,174
41.02 4102	ULTRASOUND	101,963	52,948	154,911	17,191	172,102
41.03 4103	PET SCAN	248,852	606,892	855,744	41,957	897,701
41.04 4104	MAMMOGRAPHY	328,185	125,144	453,329	55,333	508,662
41.05 4105	MRI	171,565	198,620	370,185	28,926	399,111
42 4200	RADIOLOGY-THERAPEUTIC	1,275,009	1,786,892	3,061,901	214,970	3,276,871
43 4300	RADIOISOTOPE	300,734	208,128	508,862	50,704	559,566
4400	LABORATORY	1,811,817	1,655,588	3,467,405	305,477	3,772,882
4700	BLOOD STORING, PROCESSING & TRANS.	429,030	1,350,838	1,779,868	72,336	1,852,204
49 4900	RESPIRATORY THERAPY	616,058	98,977	715,035	103,869	818,904
50 5000	PHYSICAL THERAPY	460,050	118,943	578,993	77,566	656,559
53 5300	ELECTROCARDIOLOGY	227,996	70,908	298,904	38,441	337,345
54 5400	ELECTROENCEPHALOGRAPHY	57,181	14,662	71,843	9,641	81,484
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,750	3,906,249	3,911,999	969	3,912,968
55.01 5501	NUTRITIONAL COUNSELING	395,932	70,507	466,439	66,755	533,194
56 5600	DRUGS CHARGED TO PATIENTS		52,753,300	52,753,300		52,753,300
56.01 5601	ONCOLOGY	3,869,483	1,082,397	4,951,880	652,405	5,604,285
59 3950	REFERENCE LAB					
	OUTPAT SERVICE COST CNTRS					
60.01 6001	PAIN MANAGEMENT	422,597	63,890	486,487	71,251	557,738
61 6100	EMERGENCY	1,216,172	1,064,956	2,281,128	205,050	2,486,178
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)					
	SPEC PURPOSE COST CENTERS					
88 8800	INTEREST EXPENSE		4,757,479	4,757,479	-4,163,229	594,250
90 9000	OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	44,734,855	293,584,920	338,319,775	-665,917	337,653,858
	NONREIMBURS COST CENTERS					
97.02 9702	NRCC	3,240,906	5,552,853	8,793,759	665,917	9,459,676
101	TOTAL	47,975,761	299,137,773	347,113,534	-0-	347,113,534

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 14-0100
II PERIOD:
I FROM 7/ 1/2008
I TO 6/30/2009I PREPARED 11/19/2009
I WORKSHEET A
I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT		
2 0200	OLD CAP REL COSTS-MVBLE EQUIP		
3 0300	NEW CAP REL COSTS-BLDG & FIXT	-4,296,533	5,098,348
4 0400	NEW CAP REL COSTS-MVBLE EQUIP	1,142,367	9,950,919
5 0500	EMPLOYEE BENEFITS	-1,500	10,494,007
6 0600	ADMINISTRATIVE & GENERAL	-152,350,767	36,354,732
7 0700	MAINTENANCE & REPAIRS		
8 0800	OPERATION OF PLANT	-17	6,654,888
9 0900	LAUNDRY & LINEN SERVICE		285,402
10 1000	HOUSEKEEPING	-38,496	1,582,995
11 1100	DIETARY	-553	543,272
12 1200	CAFETERIA	-3,161,800	
14 1400	NURSING ADMINISTRATION	19,300	1,997,083
15 1500	CENTRAL SERVICES & SUPPLY		957,808
16 1600	PHARMACY	-46,377	2,294,725
17 1700	MEDICAL RECORDS & LIBRARY	-4,982	1,811,359
18 1800	SOCIAL SERVICE	-16,416	1,210,907
19 1950	OTHER GENERAL SERVICE COST CENTER	-52,983	5,428,362
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD		50,685
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	24	6,417,087
26 2600	INTENSIVE CARE UNIT	9	1,752,368
27 2700	CORONARY CARE UNIT		
28 2800	BURN INTENSIVE CARE UNIT		
29 2900	SURGICAL INTENSIVE CARE UNIT		
33 3300	NURSERY		
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	195	2,738,332
38 3800	RECOVERY ROOM		
40 4000	ANESTHESIOLOGY		
41 4100	RADIOLOGY-DIAGNOSTIC	437	2,472,009
41.01 4101	CT SCAN		975,174
41.02 4102	ULTRASOUND		172,102
41.03 4103	PET SCAN		897,701
41.04 4104	MAMMOGRAPHY	-278	508,384
41.05 4105	MRI		399,111
42 4200	RADIOLOGY-THERAPEUTIC	-10	3,276,861
43 4300	RADIOISOTOPE		559,566
44 4400	LABORATORY	816	3,773,698
47 4700	BLOOD STORING, PROCESSING & TRANS.	98	1,852,302
49 4900	RESPIRATORY THERAPY	55	818,959
50 5000	PHYSICAL THERAPY	-111	656,448
53 5300	ELECTROCARDIOLOGY		337,345
54 5400	ELECTROENCEPHALOGRAPHY		81,484
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		3,912,968
55.01 5501	NUTRITIONAL COUNSELING	25	533,219
56 5600	DRUGS CHARGED TO PATIENTS		52,753,300
56.01 5601	ONCOLOGY	-257	5,604,028
59 3950	REFERENCE LAB		
	OUTPAT SERVICE COST CNTRS		
60.01 6001	PAIN MANAGEMENT		557,738
61 6100	EMERGENCY	-293,387	2,192,791
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
88 8800	INTEREST EXPENSE	-594,250	-0-
90 9000	OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-159,695,391	177,958,467
	NONREIMBURS COST CENTERS		
97.02 9702	NRCC	3	9,459,679
101	TOTAL	-159,695,388	187,418,146

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 11/19/2009
 I 14-0100 I FROM 7/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 6/30/2009 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
	OLD CAP REL COSTS-BLDG & FIXT	0100	
	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
19	OTHER GENERAL SERVICE COST CENTER	1950	OTHER GENERAL SERVICE COST CENTERS
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	CT SCAN	4101	RADIOLOGY-DIAGNOSTIC
41.02	ULTRASOUND	4102	RADIOLOGY-DIAGNOSTIC
41.03	PET SCAN	4103	RADIOLOGY-DIAGNOSTIC
41.04	MAMMOGRAPHY	4104	RADIOLOGY-DIAGNOSTIC
41.05	MRI	4105	RADIOLOGY-DIAGNOSTIC
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
	BLOOD STORING, PROCESSING & TRANS.	4700	
	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.01	NUTRITIONAL COUNSELING	5501	MEDICAL SUPPLIES CHARGED TO PATIENTS
56	DRUGS CHARGED TO PATIENTS	5600	
56.01	ONCOLOGY	5601	DRUGS CHARGED TO PATIENTS
59	REFERENCE LAB	3950	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
60.01	PAIN MANAGEMENT	6001	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
97.02	NRCC	9702	RESEARCH
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

 PROVIDER NO:
140100

 PERIOD:
FROM 7/ 1/2008
TO 6/30/2009

 PREPARED 11/19/2009
WORKSHEET A-6

		INCREASE		
EXPLANATION OF RECLASSIFICATION	CODE	LINE		
	(1) COST CENTER	NO	SALARY	OTHER
	1	2	3	5
1 CAFETERIA EXPENSE RECLASS	A CAFETERIA	12	1,376,428	1,785,372
2 RECLASS SALARY RELATED EXPENSES	B I&R SERVICES-SALARY & FRINGES APPRVD	22	35,687	
3	I&R SERVICES-SALARY & FRINGES APPRVD	22	6,017	
4	I&R SERVICES-SALARY & FRINGES APPRVD	22		8,981
5 TO RECLASS EMPLOYEE BONUS	C EMPLOYEE BENEFITS	5	116,274	
6	ADMINISTRATIVE & GENERAL	6	1,321,756	
7	OPERATION OF PLANT	8	205,788	
8	HOUSEKEEPING	10	159,748	
9	DIETARY	11	232,744	
10	NURSING ADMINISTRATION	14	195,986	
11	CENTRAL SERVICES & SUPPLY	15	51,552	
12	PHARMACY	16	274,844	
13	MEDICAL RECORDS & LIBRARY	17	203,924	
14	SOCIAL SERVICE	18	141,652	
15	OTHER GENERAL SERVICE COST CENTER	19	708,408	
16	ADULTS & PEDIATRICS	25	788,718	
17	INTENSIVE CARE UNIT	26	199,100	
18	OPERATING ROOM	37	288,226	
19	NRCC	97.02	546,425	
20	RADIOLOGY-DIAGNOSTIC	41	194,931	
21	CT SCAN	41.01	58,565	
22	ULTRASOUND	41.02	17,191	
23	PET SCAN	41.03	41,957	
24	MAMMOGRAPHY	41.04	55,333	
25	MRI	41.05	28,926	
26	RADIOLOGY-THERAPEUTIC	42	214,970	
27	RADIOISOTOPE	43	50,704	
28	LABORATORY	44	305,477	
29	BLOOD STORING, PROCESSING & TRANS.	47	72,336	
30	RESPIRATORY THERAPY	49	103,869	
31	PHYSICAL THERAPY	50	77,566	
32	ELECTROCARDIOLOGY	53	38,441	
33	ELECTROENCEPHALOGRAPHY	54	9,641	
34	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	969	
35	NUTRITIONAL COUNSELING	55.01	66,755	
TO RECLASS EMPLOYEE BONUS	C ONCOLOGY	56.01	652,405	
	PAIN MANAGEMENT	60.01	71,251	
	EMERGENCY	61	205,050	
4 TO RECLASS PROPERTY TAXES	D NRCC	97.02		119,449
5	ADMINISTRATIVE & GENERAL	6	27,112	195,236
6 TO RECLASS TRANSPORTATION	F			
7 TO RECLASS INTEREST EXPENSE				
8	NEW CAP REL COSTS-BLDG & FIXT	3		3,707,196
9	NEW CAP REL COSTS-MVBLE EQUIP	4		69,793
10	NEW CAP REL COSTS-MVBLE EQUIP	4		386,240
11 TO RECLASS CARE COORDINATION EXPENSE	G NRCC	97.02	162,945	
12	NRCC	97.02		26,141
13 TO RECLASS GUEST SERVICES COORDINATI	H NRCC	97.02	25,202	8,103
36 TOTAL RECLASSIFICATIONS			9,334,873	6,306,511

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.

Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.

See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF 10
			LINE NO				
1 CAFETERIA EXPENSE RECLASS	A	DIETARY	11		1,376,428	1,785,372	
2 RECLASS SALARY RELATED EXPENSES	B	ADMINISTRATIVE & GENERAL	6		35,687		
3		ADMINISTRATIVE & GENERAL	6		6,017		
4		ADMINISTRATIVE & GENERAL	6			8,981	
5 TO RECLASS EMPLOYEE BONUS	C						
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17		EMPLOYEE BENEFITS	5		6,790,348		
18		EMPLOYEE BENEFITS	5		911,134		
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34							
35							
36 TO RECLASS EMPLOYEE BONUS	C						
3							
4 TO RECLASS PROPERTY TAXES	D	NEW CAP REL COSTS-BLDG & FIXT	3			119,449	13
5							
6 TO RECLASS TRANSPORTATION	E	NRCC	97.02		27,112	195,236	11
7 TO RECLASS INTEREST EXPENSE	F	INTEREST EXPENSE	88			4,163,229	11
8							11
9							11
10							11
11 TO RECLASS CARE COORDINATION EXPENSE	G	ADMINISTRATIVE & GENERAL	6		162,945		
12		ADMINISTRATIVE & GENERAL	6			26,141	
13 TO RECLASS GUEST SERVICES COORDINATI	H	SOCIAL SERVICE	18		25,202	8,103	
36 TOTAL RECLASSIFICATIONS					9,334,873	6,306,511	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.
See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

RECLASS CODE: A
EXPLANATION : CAFETERIA EXPENSE RECLASS

		INCREASE			DECREASE		
LINE	COST CENTER		LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA		12	3,161,800	DIETARY	11	3,161,800
TOTAL RECLASSIFICATIONS FOR CODE A				3,161,800			3,161,800

RECLASS CODE: B
EXPLANATION : RECLASS SALARY RELATED EXPENSES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-SALARY & FRINGES	22	35,687	ADMINISTRATIVE & GENERAL	6	35,687	
2.00	I&R SERVICES-SALARY & FRINGES	22	6,017	ADMINISTRATIVE & GENERAL	6	6,017	
3.00	I&R SERVICES-SALARY & FRINGES	22	8,981	ADMINISTRATIVE & GENERAL	6	8,981	
TOTAL RECLASSIFICATIONS FOR CODE B			50,685			50,685	

RECLASS CODE: C
EXPLANATION : TO RECLASS EMPLOYEE BONUS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	116,274			0	
2.00	ADMINISTRATIVE & GENERAL	6	1,321,756			0	
3.00	OPERATION OF PLANT	8	205,788			0	
4.00	HOUSEKEEPING	10	159,748			0	
5.00	DIETARY	11	232,744			0	
6.00	NURSING ADMINISTRATION	14	195,986			0	
7.00	CENTRAL SERVICES & SUPPLY	15	51,552			0	
8.00	PHARMACY	16	274,844			0	
9.00	MEDICAL RECORDS & LIBRARY	17	203,924			0	
10.00	SOCIAL SERVICE	18	141,652			0	
11.00	OTHER GENERAL SERVICE COST CEN	19	708,408			0	
12.00	ADULTS & PEDIATRICS	25	788,718			0	
13.00	INTENSIVE CARE UNIT	26	199,100	EMPLOYEE BENEFITS	5	6,790,348	
14.00	OPERATING ROOM	37	288,226	EMPLOYEE BENEFITS	5	911,134	
15.00	NRCC	97.02	546,425			0	
16.00	RADIOLOGY-DIAGNOSTIC	41	194,931			0	
17.00	CT SCAN	41.01	58,565			0	
18.00	ULTRASOUND	41.02	17,191			0	
19.00	PET SCAN	41.03	41,957			0	
20.00	MAMMOGRAPHY	41.04	55,333			0	
21.00	MRI	41.05	28,926			0	
22.00	RADIOLOGY-THERAPEUTIC	42	214,970			0	
23.00	RADIOISOTOPE	43	50,704			0	
24.00	LABORATORY	44	305,477			0	
25.00	BLOOD STORING, PROCESSING & TR	47	72,336			0	
26.00	RESPIRATORY THERAPY	49	103,869			0	
27.00	PHYSICAL THERAPY	50	77,566			0	
28.00	ELECTROCARDIOLOGY	53	38,441			0	
29.00	ELECTROENCEPHALOGRAPHY	54	9,641			0	
30.00	MEDICAL SUPPLIES CHARGED TO PA	55	969			0	
31.00	NUTRIONAL COUNSELING	55.01	66,755			0	
32.00	ONCOLOGY	56.01	652,405			0	
33.00	PAIN MANAGEMENT	60.01	71,251			0	
34.00	EMERGENCY	61	205,050			0	
TOTAL RECLASSIFICATIONS FOR CODE C			7,701,482			7,701,482	

RECLASS CODE: D
EXPLANATION : TO RECLASS PROPERTY TAXES

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
1.00			0
2.00	NRCC	97.02	119,449
TOTAL RECLASSIFICATIONS FOR CODE D			119,449

RECLASS CODE: E
EXPLANATION : TO RECLASS TRANSPORTATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	222,348	NRCC	97.02	222,348	
TOTAL RECLASSIFICATIONS FOR CODE E			222,348			222,348	

RECLASS CODE: F
EXPLANATION : TO RECLASS INTEREST EXPENSE

INCREASE		DECREASE	
LINE	COST CENTER	LINE	COST CENTER
2.00		88	
	AMOUNT 0		AMOUNT 4.163.229
			INTEREST EXPENSE

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED 11/19/2009
140100	FROM 7/ 1/2008	WORKSHEET A-6
	TO 6/30/2009	NOT A CMS WORKSHEET

RECLASS CODE: F

EXPLANATION : TO RECLASS INTEREST EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
3.00	NEW CAP REL COSTS-BLDG & FIXT	3	3,707,196
4.00	NEW CAP REL COSTS-MVBLE EQUIP	4	69,793
5.00	NEW CAP REL COSTS-MVBLE EQUIP	4	386,240
TOTAL RECLASSIFICATIONS FOR CODE F			4,163,229

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
		0	
		0	
		0	
		4,163,229	

RECLASS CODE: G

EXPLANATION : TO RECLASS CARE COORDINATION EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NRCC	97.02	162,945
2.00	NRCC	97.02	26,141
TOTAL RECLASSIFICATIONS FOR CODE G			189,086

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	162,945	
ADMINISTRATIVE & GENERAL	6	26,141	
		189,086	

RECLASS CODE: H

EXPLANATION : TO RECLASS GUEST SERVICES COORDINATI

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NRCC	97.02	33,305
TOTAL RECLASSIFICATIONS FOR CODE H			33,305

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
SOCIAL SERVICE	18	33,305	
		33,305	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION		BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND							
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURE							
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT							
7	SUBTOTAL							
8	RECONCILING ITEMS							
9	TOTAL							

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION		BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND							
2	LAND IMPROVEMENTS	1,051,327	30,130		30,130		1,081,457	
3	BUILDINGS & FIXTURE		5,098,348		5,098,348		5,098,348	
4	BUILDING IMPROVEMEN	46,548,010	13,648,837		13,648,837	-637,398	60,834,245	
5	FIXED EQUIPMENT	2,827,847	983,534		983,534		3,811,381	
6	MOVABLE EQUIPMENT	5,013,368	414,679		414,679	-586,343	6,014,390	
7	SUBTOTAL	55,440,552	20,175,528		20,175,528	-1,223,741	76,839,821	
8	RECONCILING ITEMS							
9	TOTAL	55,440,552	20,175,528		20,175,528	-1,223,741	76,839,821	

10

C

III - RECONCILIATION OF CAPITAL COST CENTERS
DESCRIPTION

		GROSS ASSETS 1	COMPUTATION OF RATIOS CAPITLIZED GROSS ASSETS LEASES 2	FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	TOTAL 8
*									
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL								
4	NEW CAP REL COSTS-MV								
5	TOTAL				1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
*								
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	4,913,826	-4,530,099	3,506,406		-626,407	1,834,622	5,098,348
4	NEW CAP REL COSTS-MV	6,103,685	-378,749	456,033		1,673,760	2,096,190	9,950,919
5	TOTAL	11,017,511	-4,908,848	3,962,439		1,047,353	3,930,812	15,049,267

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
*								
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	4,479,470				-506,958	1,834,622	5,807,134
4	NEW CAP REL COSTS-MV	4,582,569				1,673,760	2,096,190	8,352,519
5	TOTAL	9,062,039				1,166,802	3,930,812	14,159,653

- * All lines numbers except line 5 are to be consistent with workseet A line numbers for capital cost centers.
(1) The amounts on lines 1 thru 4 must equal the corresponding amounts on worksheet A, column 7, lines 1 thru 4.
Columns 9 through 14 should include related worksheet A-6 reclassifications and worksheet A-8 adjustments. (See instructions).

ADJUSTMENTS TO EXPENSES

I PROVIDER NO:

I 14-0100

I

I PERIOD:

I FROM 7/ 1/2008

I TO

6/30/2009

I PREPARED 11/19/2009

I WORKSHEET A-8

I

DESCRIPTION (1)		(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO 4	WKST. A-7 REF. 5
1	INVEST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2	INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3	INVEST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4	INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5	INVESTMENT INCOME-OTHER					
6	TRADE, QUANTITY AND TIME DISCOUNTS					
7	REFUNDS AND REBATES OF EXPENSES					
8	RENTAL OF PROVIDER SPACE BY SUPPLIERS					
9	TELEPHONE SERVICES					
10	TELEVISION AND RADIO SERVICE					
11	PARKING LOT					
12	PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-293,387			
13	SALE OF SCRAP, WASTE, ETC.					
14	RELATED ORGANIZATION TRANSACTIONS	A-8-1	-143,633,225			
15	LAUNDRY AND LINEN SERVICE					
16	CAFETERIA--EMPLOYEES AND GUESTS					
17	RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18	SALE OF MED AND SURG SUPPLIES					
19	SALE OF DRUGS TO OTHER THAN PATIENTS					
20	SALE OF MEDICAL RECORDS & ABSTRACTS					
21	NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22	VENDING MACHINES					
23	INCOME FROM IMPOSITION OF INTEREST					
24	INTRST EXP ON MEDICARE OVERPAYMENTS					
25	ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26	ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27	ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28	UTILIZATION REVIEW-PHYSICIAN COMP			**COST CENTER DELETED**	89	
29	DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30	DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31	DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32	DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33	NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34	PHYSICIANS' ASSISTANT					
35	ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36	ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37	INTEREST REVENUE	B	-200,790	NEW CAP REL COSTS-BLDG &	3	11
	OTHER REVENUE	B	-3,115,075	ADMINISTRATIVE & GENERAL	6	
	OTHER REVENUE	B	-46,425	PHARMACY	16	
40	OTHER REVENUE	B	-5,121	MEDICAL RECORDS & LIBRARY	17	
41	OTHER REVENUE	B	-965	SOCIAL SERVICE	18	
42	LOBBYING EXP	A	-2,500	ADMINISTRATIVE & GENERAL	6	
43	PATIENT GIFTS	A	-38,345	HOUSEKEEPING	10	
44	OTHER ADJUSTMENTS (SPECIFY)					
45	EMPLOYEE BENEFITS	A	-1,500	EMPLOYEE BENEFITS	5	
46	ALC BEV	A	-34	ADMINISTRATIVE & GENERAL	6	
47	ALC BEV	A	-73	OTHER GENERAL SERVICE COS	19	
48	PATIENT/GUEST HOUSING	A	-568	ADMINISTRATIVE & GENERAL	6	
48.01	PATIENT TRAVEL	A	-5,482	ADMINISTRATIVE & GENERAL	6	
48.02	PATIENT AIRFAIR	A	-4,650,511	ADMINISTRATIVE & GENERAL	6	
48.03	PATIENT MILEAGE REIMBURSEMENT	A	-790,346	ADMINISTRATIVE & GENERAL	6	
48.04	PATIENT/GUEST HOUSING	A	-1,454,392	ADMINISTRATIVE & GENERAL	6	
48.05	ALC BEV	A	-7	ADMINISTRATIVE & GENERAL	6	
48.06	PATIENT/GUEST HOUSING	A	-133	ADMINISTRATIVE & GENERAL	6	
48.07	ALC BEV	A	-703	ADMINISTRATIVE & GENERAL	6	
48.08	DONATIONS	A	-67,461	ADMINISTRATIVE & GENERAL	6	
48.09	PATIENT GIFTS	A	-108	ADMINISTRATIVE & GENERAL	6	
48.10	ALC BEV	A	-151	HOUSEKEEPING	10	
48.11	ALC BEV	A	-301	DIETARY	11	
48.12	PATIENT GIFTS	A	-252	DIETARY	11	
48.13	PATIENT/GUEST HOUSING	A	-68	ADULTS & PEDIATRICS	25	
48.14	ALC BEV	A	-52	MEDICAL RECORDS & LIBRARY	17	
48.15	ALC BEV	A	-49	SOCIAL SERVICE	18	
48.16	PATIENT GIFTS	A	-5,458	SOCIAL SERVICE	18	
48.17	PATIENT AIRFARE	A	-58,893	OTHER GENERAL SERVICE COS	19	
48.18	PATIENT TRANSPORTATION	A	682	OTHER GENERAL SERVICE COS	19	
48.19	ALC BEV	A	-27	OTHER GENERAL SERVICE COS	19	
48.20	ENTERTAINMENT	A	-3,596	SOCIAL SERVICE	18	
48.21	PATIENT GIFTS	A	-6,348	SOCIAL SERVICE	18	
48.22	ALC BEV	A	-17	OPERATION OF PLANT	8	
49	ALC BEV	A	-14	OPERATING ROOM	37	
49.01	DONATIONS	A	164	RADIOLOGY-DIAGNOSTIC	41	
49.02	PATIENT GIFTS	A	-278	MAMMOGRAPHY	41.04	
49.03	ALC BEV	A	-10	RADIOLOGY-THERAPEUTIC	42	
49.04	ALC BEV	A	-74	LABORATORY	44	
49.05	ALC BEV	A	-23	LABORATORY	44	
49.06	ALC BEV	A	-11	PHYSICAL THERAPY	50	
49.07	LOBBYING	A	-100	PHYSICAL THERAPY	50	
49.08	PATIENT GIFTS	A	-420	ONCOLOGY	56.01	
49.09	CAFETERIA EXP	A	-3,161,800	CAFETERIA	12	
49.10	CONSULTING	A	-150,000	ADMINISTRATIVE & GENERAL	6	
49.11	EL MED RECORDS ADD ON	A	92	ADULTS & PEDIATRICS	25	
49.12	EL MED RECORDS ADD ON	A	9	INTENSIVE CARE UNIT	26	
49.13	EL MED RECORDS ADD ON	A	209	OPERATING ROOM	37	
49.14	EL MED RECORDS ADD ON	A	163	ONCOLOGY	56.01	

ADJUSTMENTS TO EXPENSES

I PROVIDER NO:
I 14-0100
II PERIOD:
I FROM 7/ 1/2008 I
I TO 6/30/2009 II PREPARED 11/19/2009
I WORKSHEET A-8

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
49.15 EL MED RECORDS ADD ON	A	913	LABORATORY	44	
49.16 EL MED RECORDS ADD ON	A	98	BLOOD STORING, PROCESSING	47	
49.17 EL MED RECORDS ADD ON	A	55	RESPIRATORY THERAPY	49	
49.18 EL MED RECORDS ADD ON	A	273	RADIOLOGY-DIAGNOSTIC	41	
49.19 EL MED RECORDS ADD ON	A	48	PHARMACY	16	
49.20 EL MED RECORDS ADD ON	A	25	NUTRITIONAL COUNSELING	55.01	
49.21 EL MED RECORDS ADD ON	A	3	NRCC	97.02	
49.22 EL MED RECORDS ADD ON	A	5,328	OTHER GENERAL SERVICE COS	19	
49.23 EL MED RECORDS ADD ON	A	7,978	ADMINISTRATIVE & GENERAL	6	
49.24 EL MED RECORDS ADD ON	A	191	MEDICAL RECORDS & LIBRARY	17	
49.25 EL MED RECORDS ADD ON	A	19,300	NURSING ADMINISTRATION	14	
49.26 DEPR EXP - MAJOR EQUIPMENT	A	-111,840	NEW CAP REL COSTS-MVBLE E	4	9
49.27 DEPR EXP - COMPUTER HARDWARE	A	-11,912	NEW CAP REL COSTS-MVBLE E	4	9
49.28 DEPR EXP - BUILDING	A	-117,074	NEW CAP REL COSTS-BLDG &	3	9
49.29 AMORT EXP - CAP LEASES	A	-1,601,379	NEW CAP REL COSTS-MVBLE E	4	9
49.30 DEPR EXP - VEHICLES	A	-193,621	NEW CAP REL COSTS-MVBLE E	4	9
50 TOTAL (SUM OF LINES 1 THRU 49)		-159,695,388			

(1) Description - all chapter references in this column pertain to CMS Pub. 15-I.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	4	NEW CAP REL COSTS-MVBLE E				
2	6	ADMINISTRATIVE & GENERAL		378,749	-378,749	10
3	6	ADMINISTRATIVE & GENERAL		52,201,298	-52,201,298	
4	88	INTEREST EXPENSE	216,689	2,155,807	-1,939,118	
4.01	88	INTEREST EXPENSE		145,718	-145,718	11
4.02	88	INTEREST EXPENSE		56,908	-56,908	11
4.03	88	INTEREST EXP. - OTHER		95,625	-95,625	11
4.04	88	INTEREST EXP. - GCF	386,240	422,411	-36,171	11
4.05	3	NEW CAP REL COSTS-BLDG &		259,828	-259,828	11
4.06	3	NEW CAP REL COSTS-BLDG &	70,000	2,589,717	-2,519,717	10
4.08	6	ADMINISTRATIVE & GENERAL	1,766,607	3,776,989	-2,010,382	10
4.09	6	ADMINISTRATIVE & GENERAL		36,941,640	-36,941,640	
4.10	3	NEW CAP REL COSTS-BLDG &		75,865,243	-75,865,243	
4.11	4	NEW CAP REL COSTS-MVBLE E	551,430		551,430	9
4.12	6	ADMINISTRATIVE & GENERAL	3,439,868		3,439,868	9
4.13	6	ADMINISTRATIVE & GENERAL	21,733,326		21,733,326	
5		TOTALS	3,513,513	420,965	3,092,548	12
			31,677,673	175,310,898	-143,633,225	

* THE AMOUNTS ON LINES 1-4 AND SUBSCRIPTS AS APPROPRIATE ARE TRANSFERRED IN DETAIL TO WORKSHEET A, COLUMN 6, LINES AS APPROPRIATE. POSITIVE AMOUNTS INCREASE COST AND NEGATIVE AMOUNTS DECREASE COST. FOR RELATED ORGANIZATIONAL OR HOME OFFICE COST WHICH HAS NOT BEEN POSTED TO WORKSHEET A, COLUMNS 1 AND/OR 2, THE AMOUNT ALLOWABLE SHOULD BE IN COLUMN 4 OF THIS PART.

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:
THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(B)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THIS INFORMATION IS USED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE		TYPE OF BUSINESS	
			NAME	PERCENTAGE OF OWNERSHIP		
1	2	3	4	5	6	
1	A	MIDWESTERN REGI	100.00	NIMP	100.00	PROPERTY
2	A	MIDWESTERN REGI	100.00	CTCA	100.00	MANAGEMENT
3	A	MIDWESTERN REGI	100.00	ICIC	100.00	CONSULTING
4	A	MIDWESTERN REGI	100.00	INTERNATIONAL A	100.00	CORPORATE JET
5	A	MIDWESTERN REGI	100.00	SCL	100.00	SECURES FINANCI
5.01	A	MIDWESTERN REGI	100.00	EXPEDITION PROP	100.00	RENTS BLDG SHAR
5.02	A	MIDWESTERN REGI	100.00	BUCKLEY ROAD PR	100.00	RELATED PARTY
5.03	A	MIDWESTERN REGI	100.00	LAND TRUST	100.00	RENTS PARKING L
5.04	A	MIDWESTERN REGI	100.00	GCF	100.00	SECURES FINANCI
5.05	A	MIDWESTERN REGI	100.00	STELLAR INSURAN	100.00	INSURANCE
5.06	A	MIDWESTERN REGI	100.00	ICMC	100.00	CAPITAL MANAGE

(1) USE THE FOLLOWING SYMBOLS TO INDICATE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

- INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
- CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
- PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS A FINANCIAL INTEREST IN RELATED ORGANIZATION.
- INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
- OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:

I 14-0100

I

I PERIOD:

I FROM 7/ 1/2008

I TO

6/30/2009

I PREPARED 11/19/2009

I WORKSHEET A-8-2

I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
61	EMERGENCY	908,319	293,387	614,932	177,200	8,760	746,285	37,314
TOTAL		908,319	293,387	614,932		8,760	746,285	37,314

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:

I 14-0100

I

I PERIOD:

I FROM 7/ 1/2008

I TO

6/30/2009

I PREPARED 11/19/2009

I WORKSHEET A-8-2

I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
61	EMERGENCY					746,285		293,387
TOTAL						746,285		293,387

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 11/19/2009
 I 14-0100 I FROM 7/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 6/30/2009 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	ENTERED
	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	3	GROSS SALA RIE	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM. COST	ENTERED
7	MAINTENANCE & REPAIRS	1	SQUARE FEET	ENTERED
8	OPERATION OF PLANT	1	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	6	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	1	SQUARE FEET	ENTERED
11	DIETARY	8	MEALS SERVED	ENTERED
12	CAFETERIA	9	HOURS OF S ERVICE	ENTERED
14	NURSING ADMINISTRATION	11	HOURS OF SERVICE	ENTERED
15	CENTRAL SERVICES & SUPPLY	12	COSTED REQUIS	ENTERED
16	PHARMACY	13	COST REQUIS	ENTERED
17	MEDICAL RECORDS & LIBRARY	14	GROSS REVE NUE	ENTERED
18	SOCIAL SERVICE	14	GROSS REVE NUE	ENTERED
19	OTHER GENERAL SERVICE COST CENTER	14	GROSS REVE NUE	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	17	ASSIGNED TIME	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL
	0	1	2	3	4	5	5a.00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	5,098,348			5,098,348			
005 NEW CAP REL COSTS-MVBLE E	9,950,919				9,950,919		
006 EMPLOYEE BENEFITS	10,494,007			193,202	1,195	10,688,404	
007 ADMINISTRATIVE & GENERAL	36,354,732			173,413	3,652,230	884,603	41,064,978
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	6,654,888			1,364,502	146,082	323,199	8,488,671
010 LAUNDRY & LINEN SERVICE	285,402						285,402
011 HOUSEKEEPING	1,582,995			91,034	2,902	250,892	1,927,823
012 DIETARY	543,272			5,300	107,378	53,645	709,595
014 CAFETERIA				30,815		311,890	342,705
015 NURSING ADMINISTRATION	1,997,083			430,269	26,134	307,805	2,761,291
016 CENTRAL SERVICES & SUPPLY	957,808			104,165	370,951	80,965	1,513,889
017 PHARMACY	2,294,725			52,415	398,443	431,655	3,177,238
018 MEDICAL RECORDS & LIBRARY	1,811,359			110,424	2,848	320,272	2,244,903
019 SOCIAL SERVICE	1,210,907			30,123		215,720	1,456,750
022 OTHER GENERAL SERVICE COS	5,428,362			83,311	665	1,039,118	6,551,456
I&R SERVICES-SALARY & FRI	50,685					9,450	60,135
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	6,417,087			627,439	117,720	1,238,718	8,400,964
027 INTENSIVE CARE UNIT	1,752,368			16,247	171,631	312,696	2,252,942
028 CORONARY CARE UNIT					156,225		156,225
029 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	2,738,332			156,820	509,584	452,672	3,857,408
038 RECOVERY ROOM				115,750	76,818		192,568
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	2,472,009			133,968	280,482	306,149	3,192,608
041 01 CT SCAN	975,174			17,632	9,888	91,978	1,094,672
041 02 ULTRASOUND	172,102			3,995	39,861	27,000	242,958
041 03 PET SCAN	897,701			22,106	602,897	65,896	1,588,600
041 04 MAMMOGRAPHY	508,384			5,114	121,343	86,903	721,744
041 05 MRI	399,111			20,401	499,639	45,430	964,581
041 RADIOLOGY-THERAPEUTIC	3,276,861			364,004	2,067,693	337,620	6,046,178
RADIOISOTOPE	559,566			8,283		79,634	647,483
LABORATORY	3,773,698			190,884	248,644	479,766	4,692,992
BLOOD STORING, PROCESSING	1,852,302			7,777	5,659	113,606	1,979,344
049 RESPIRATORY THERAPY	818,959			27,193	63,920	163,131	1,073,203
050 PHYSICAL THERAPY	656,448			40,723	1,821	121,820	820,812
053 ELECTROCARDIOLOGY	337,345			6,818	70,178	60,373	474,714
054 ELECTROENCEPHALOGRAPHY	81,484				6,567	15,141	103,192
055 MEDICAL SUPPLIES CHARGED	3,912,968					1,523	3,914,491
055 01 NUTRITIONAL COUNSELING	533,219			18,191	390	104,842	656,642
056 DRUGS CHARGED TO PATIENTS	52,753,300			513,979	161,955	1,024,633	52,753,300
056 01 ONCOLOGY	5,604,028						7,304,595
059 REFERENCE LAB							
OUTPAT SERVICE COST CNTRS							
060 01 PAIN MANAGEMENT	557,738			5,753		111,903	675,394
061 EMERGENCY	2,192,791			4,528	661	322,040	2,520,020
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	177,958,467			4,976,578	9,922,404	9,792,688	176,912,466
NONREIMBURS COST CENTERS							
097 02 NRCC	9,459,679			121,770	28,515	895,716	10,505,680
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	187,418,146			5,098,348	9,950,919	10,688,404	187,418,146

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO:

I 14-0100

I PERIOD:

I FROM 7/ 1/2008

I TO 6/30/2009

I PREPARED 11/19/2009

I WORKSHEET B

I PART I

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL		MAINTENANCE & REPAIRS		OPERATION OF PLANT		LAUNDRY & LINEN SERVICE		HOUSEKEEPING		DIETARY		CAFETERIA	
	6	7	8	9	10	11	12							
001 GENERAL SERVICE COST CNTR														
002 OLD CAP REL COSTS-BLDG &														
003 OLD CAP REL COSTS-MVBLE E														
004 NEW CAP REL COSTS-BLDG &														
005 NEW CAP REL COSTS-MVBLE E														
006 EMPLOYEE BENEFITS														
007 ADMINISTRATIVE & GENERAL	41,064,978													
008 MAINTENANCE & REPAIRS														
009 OPERATION OF PLANT	2,381,819		10,870,490											
010 LAUNDRY & LINEN SERVICE	80,080				365,482									
011 HOUSEKEEPING	540,924		293,888		3,192	2,765,827								
012 DIETARY	199,104		17,110			4,474					930,283			
013 CAFETERIA	96,159		99,482			26,015							564,361	
014 NURSING ADMINISTRATION	774,785		1,389,045			363,241							12,035	
015 CENTRAL SERVICES & SUPPLY	424,779		336,277			87,938							4,691	
016 PHARMACY	891,495		169,213			44,250							23,912	
017 MEDICAL RECORDS & LIBRARY	629,893		356,483			93,222							21,957	
018 SOCIAL SERVICE	408,747		97,246		796	25,430							17,357	
019 OTHER GENERAL SERVICE COS	1,838,260		268,953		328	70,332							63,914	
022 I&R SERVICES-SALARY & FRI	16,873												842	
025 INPAT ROUTINE SRVC CNTRS														
026 ADULTS & PEDIATRICS	2,357,210		2,025,574		131,623	529,697					356,214		72,016	
027 INTENSIVE CARE UNIT	632,148		52,449		17,794	13,716					22,340		17,288	
028 CORONARY CARE UNIT	43,835													
029 BURN INTENSIVE CARE UNIT														
033 SURGICAL INTENSIVE CARE U														
037 NURSERY														
038 ANCILLARY SRVC COST CNTRS														
040 OPERATING ROOM	1,082,342		506,264		49,096	132,390					3,716		31,366	
041 RECOVERY ROOM	54,032		373,679		22,312	97,719							17,586	
044 ANESTHESIOLOGY														
041 RADIOLOGY-DIAGNOSTIC	895,807		432,491		59,625	113,098							16,420	
041 01 CT SCAN	307,152		56,920			14,885							6,197	
041 02 ULTRASOUND	68,171		12,897			3,373							3,404	
041 03 PET SCAN	445,742		71,365			18,662							3,600	
041 04 MAMMOGRAPHY	202,513		16,509			4,317							4,226	
041 05 MRI	270,650		65,862			17,223							3,604	
044 RADIOLOGY-THERAPEUTIC	1,696,485		1,175,121		29,659	307,299							30,822	
049 RADIOISOTOPE	181,676		26,741			6,993							4,378	
050 LABORATORY	1,316,797		616,235			161,148							33,838	
053 BLOOD STORING, PROCESSING	555,380		25,107			6,566							5,668	
054 RESPIRATORY THERAPY	301,128		87,788			22,957							8,362	
055 PHYSICAL THERAPY	230,310		131,467		12,755	34,379							7,966	
056 ELECTROCARDIOLOGY	133,199		22,011		1,187	5,756							4,716	
054 ELECTROENCEPHALOGRAPHY	28,954				1,985								1,922	
055 MEDICAL SUPPLIES CHARGED	1,098,359													
055 01 NUTRITIONAL COUNSELING	184,246		58,726			15,357							6,535	
056 DRUGS CHARGED TO PATIENTS	14,801,980													
056 01 ONCOLOGY	2,049,582		1,659,287		35,130	433,911					82,872		67,516	
059 REFERENCE LAB														
060 OUTPAT SERVICE COST CNTRS														
061 01 PAIN MANAGEMENT	189,507		18,572			4,857							7,361	
061 EMERGENCY	707,087		14,617			3,822								
062 OBSERVATION BEDS (NON-DIS														
095 SPEC PURPOSE COST CENTERS														
095 SUBTOTALS	38,117,210		10,477,379		365,482	2,663,027					465,142		499,499	
097 NONREIMBURS COST CENTERS														
101 NRCC	2,947,768		393,111			102,800					465,141		64,862	
102 CROSS FOOT ADJUSTMENT														
102 NEGATIVE COST CENTER														
103 TOTAL	41,064,978		10,870,490		365,482	2,765,827					930,283		564,361	

COST ALLOCATION - GENERAL SERVICE COSTS

	COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE COSTS	I&R SERVICES-SALARY & FRI
		14	15	16	17	18	19	22
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLOG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
007	ADMINISTRATIVE & GENERAL							
008	MAINTENANCE & REPAIRS							
009	OPERATION OF PLANT							
010	LAUNDRY & LINEN SERVICE							
011	HOUSEKEEPING							
012	DIETARY							
014	CAFETERIA							
015	NURSING ADMINISTRATION	5,300,397						
016	CENTRAL SERVICES & SUPPLY		2,367,574					
017	PHARMACY			4,306,108				
018	MEDICAL RECORDS & LIBRARY				3,346,458			
019	SOCIAL SERVICE					2,006,326		
022	OTHER GENERAL SERVICE COS						8,793,243	
025	I&R SERVICES-SALARY & FRI							77,850
026	INPAT ROUTINE SRVC CNTRS							
027	ADULTS & PEDIATRICS	2,760,904			66,330	39,766	174,298	
028	INTENSIVE CARE UNIT	662,790			16,488	9,885	43,326	
029	CORONARY CARE UNIT							
033	BURN INTENSIVE CARE UNIT							
037	SURGICAL INTENSIVE CARE U							
038	NURSERY							
040	ANCILLARY SRVC COST CNTRS							
041	OPERATING ROOM	1,202,502			132,307	79,320	347,666	
041	RECOVERY ROOM	674,201			18,884	11,321	49,622	
041	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC				9,261	5,552	24,335	
041	01 CT SCAN				237,642	142,471	624,460	
041	02 ULTRASOUND				4,537	2,720	11,923	
041	03 PET SCAN				85,353	51,171	224,284	
041	04 MAMMOGRAPHY				2,046	1,226	5,376	
041	05 MRI				42,348	25,389	111,280	
049	RAOIOLOGY-THERAPEUTIC				287,801	172,542	756,265	
050	RADIOISOTOPE				14,106	8,457	37,067	
053	LABORATORY				208,555	125,033	548,026	
054	BLOOD STORING, PROCESSING				30,439	18,249	79,986	
055	RESPIRATORY THERAPY				19,506	11,694	51,257	
055	PHYSICAL THERAPY				8,192	4,911	21,526	
056	ELECTROCARDIOLOGY				2,111	1,266	5,548	
056	ELECTROENCEPHALOGRAPHY				829	497	2,178	
059	MEDICAL SUPPLIES CHARGED		2,367,574		44,572	26,722	117,124	
060	01 NUTRITIONAL COUNSELING				2,416	1,448	6,349	
061	DRUGS CHARGED TO PATIENTS			4,306,108	2,010,046	1,205,122	5,281,508	
062	01 ONCOLOGY				98,002	58,754	257,522	
095	REFERENCE LAB							
097	OUTPAT SERVICE COST CNTRS							
101	01 PAIN MANAGEMENT				4,687	2,810	12,317	
102	EMERGENCY							77,850
103	OBSERVATION BEDS (NON-DIS							
103	SPEC PURPOSE COST CENTERS							
103	SUBTOTALS	5,300,397	2,367,574	4,306,108	3,346,458	2,006,326	8,793,243	77,850
103	NONREIMBURS COST CENTERS							
103	02 NRCC							
103	CROSS FOOT ADJUSTMENT							
103	NEGATIVE COST CENTER							
103	TOTAL	5,300,397	2,367,574	4,306,108	3,346,458	2,006,326	8,793,243	77,850

	COST CENTER DESCRIPTION	SUBTOTAL	I&R COST POST STEP- DOWN ADJ	TOTAL
		25	26	27
001	GENERAL SERVICE COST CNTR			
002	OLD CAP REL COSTS-BLDG &			
003	OLD CAP REL COSTS-MVBLE E			
004	NEW CAP REL COSTS-BLDG &			
005	NEW CAP REL COSTS-MVBLE E			
006	EMPLOYEE BENEFITS			
007	ADMINISTRATIVE & GENERAL			
008	MAINTENANCE & REPAIRS			
009	OPERATION OF PLANT			
010	LAUNDRY & LINEN SERVICE			
011	HOUSEKEEPING			
012	DIETARY			
014	CAFETERIA			
015	NURSING ADMINISTRATION			
016	CENTRAL SERVICES & SUPPLY			
017	PHARMACY			
018	MEDICAL RECORDS & LIBRARY			
019	SOCIAL SERVICE			
022	OTHER GENERAL SERVICE COS			
025	I&R SERVICES-SALARY & FRI			
026	INPAT ROUTINE SRVC CNTRS			
027	ADULTS & PEDIATRICS	16,914,596		16,914,596
028	INTENSIVE CARE UNIT	3,741,166		3,741,166
029	CORONARY CARE UNIT	200,060		200,060
033	BURN INTENSIVE CARE UNIT			
037	SURGICAL INTENSIVE CARE U			
038	NURSERY			
040	ANCILLARY SRVC COST CNTRS			
041	OPERATING ROOM	7,424,377		7,424,377
041	RECOVERY ROOM	1,511,924		1,511,924
041	ANESTHESIOLOGY			
041	RADIOLOGY-DIAGNOSTIC	4,749,197		4,749,197
041 01	CT SCAN	2,484,399		2,484,399
041 02	ULTRASOUND	349,983		349,983
041 03	PET SCAN	2,488,777		2,488,777
041 04	MAMMOGRAPHY	957,957		957,957
041 05	MRI	1,500,937		1,500,937
042	RADIOLOGY-THERAPEUTIC	10,502,172		10,502,172
049	RADIOISOTOPE	926,901		926,901
050	LABORATORY	7,702,624		7,702,624
053	BLOOD STORING, PROCESSING	2,700,739		2,700,739
054	RESPIRATORY THERAPY	1,575,895		1,575,895
055	PHYSICAL THERAPY	1,272,318		1,272,318
055	ELECTROCARDIOLOGY	650,508		650,508
055	ELECTROENCEPHALOGRAPHY	139,557		139,557
055	MEDICAL SUPPLIES CHARGED	7,568,842		7,568,842
055 01	NUTRITIONAL COUNSELING	931,719		931,719
056	DRUGS CHARGED TO PATIENTS	80,358,064		80,358,064
056 01	ONCOLOGY	12,047,171		12,047,171
059	REFERENCE LAB			
060	OUTPAT SERVICE COST CNTRS			
061	PAIN MANAGEMENT	915,505		915,505
062	EMERGENCY	3,323,396	-77,850	3,245,546
095	OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS			
097	SUBTOTALS	172,938,784	-77,850	172,860,934
101	NONREIMBURS COST CENTERS			
102	NRCC	14,479,362		14,479,362
103	CROSS FOOT ADJUSTMENT			
	NEGATIVE COST CENTER			
	TOTAL	187,418,146	-77,850	187,340,296

COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENE FITS 5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS				193,202	1,195	194,397	194,397
007 ADMINISTRATIVE & GENERAL				173,413	3,652,230	3,825,643	16,088
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT				1,364,502	146,082	1,510,584	5,878
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING				91,034	2,902	93,936	4,563
012 DIETARY				5,300	107,378	112,678	976
014 CAFETERIA				30,815		30,815	5,672
015 NURSING ADMINISTRATION				430,269	26,134	456,403	5,598
016 CENTRAL SERVICES & SUPPLY				104,165	370,951	475,116	1,472
017 PHARMACY				52,415	398,443	450,858	7,850
018 MEDICAL RECORDS & LIBRARY				110,424	2,848	113,272	5,825
019 SOCIAL SERVICE				30,123		30,123	3,923
022 OTHER GENERAL SERVICE COS				83,311	665	83,976	18,898
I&R SERVICES-SALARY & FRI							172
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS				627,439	117,720	745,159	22,539
026 INTENSIVE CARE UNIT				16,247	171,631	187,878	5,687
027 CORONARY CARE UNIT					156,225	156,225	
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
033 NURSERY							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM				156,820	509,584	666,404	8,233
038 RECOVERY ROOM				115,750	76,818	192,568	
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC				133,968	280,482	414,450	5,568
041 01 CT SCAN				17,632	9,888	27,520	1,673
041 02 ULTRASOUND				3,995	39,861	43,856	491
041 03 PET SCAN				22,106	602,897	625,003	1,198
041 04 MAMMOGRAPHY				5,114	121,343	126,457	1,580
041 05 MRI				20,401	499,639	520,040	826
042 RADIOLOGY-THERAPEUTIC				364,004	2,067,693	2,431,697	6,140
RADIOISOTOPE				8,283		8,283	1,448
LABORATORY				190,884	248,644	439,528	8,725
047 BLOOD STORING, PROCESSING				7,777	5,659	13,436	2,066
049 RESPIRATORY THERAPY				27,193	63,920	91,113	2,967
050 PHYSICAL THERAPY				40,723	1,821	42,544	2,216
053 ELECTROCARDIOLOGY				6,818	70,178	76,996	1,098
054 ELECTROENCEPHALOGRAPHY					6,567	6,567	275
055 MEDICAL SUPPLIES CHARGED							28
055 01 NUTRITIONAL COUNSELING				18,191	390	18,581	1,907
056 DRUGS CHARGED TO PATIENTS							
056 01 ONCOLOGY				513,979	161,955	675,934	18,635
059 REFERENCE LAB							
OUTPAT SERVICE COST CNTRS							
060 01 PAIN MANAGEMENT				5,753		5,753	2,035
061 EMERGENCY				4,528	661	5,189	5,857
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS				4,976,578	9,922,404	14,898,982	178,107
NONREIMBURS COST CENTERS							
097 02 NRCC				121,770	28,515	150,285	16,290
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				5,098,348	9,950,919	15,049,267	194,397

COST CENTER DESCRIPTION		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		6	7	8	9	10	11	12
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
007	ADMINISTRATIVE & GENERAL	3,841,731						
008	MAINTENANCE & REPAIRS							
009	OPERATION OF PLANT	222,828		1,739,290				
010	LAUNDRY & LINEN SERVICE	7,492			7,492			
011	HOUSEKEEPING	50,605		47,022	65	196,191		
012	DIETARY	18,627		2,738		317	135,336	
014	CAFETERIA	8,996		15,917		1,845		63,245
015	NURSING ADMINISTRATION	72,484		222,249		25,766		1,349
016	CENTRAL SERVICES & SUPPLY	39,740		53,805		6,238		526
017	PHARMACY	83,402		27,074		3,139		2,680
018	MEDICAL RECORDS & LIBRARY	58,929		57,038		6,613		2,461
019	SOCIAL SERVICE	38,240		15,559	16	1,804		1,945
022	OTHER GENERAL SERVICE COS	171,976		43,033	7	4,989		7,162
025	I&R SERVICES-SALARY & FRI	1,579						94
026	INPAT ROUTINE SRVC CNTRS							
027	ADULTS & PEDIATRICS	220,525		324,092	2,700	37,572	51,821	8,072
028	INTENSIVE CARE UNIT	59,140		8,392	365	973	3,250	1,937
029	CORONARY CARE UNIT	4,101						
033	BURN INTENSIVE CARE UNIT							
037	SURGICAL INTENSIVE CARE U							
038	NURSERY							
040	ANCILLARY SRVC COST CNTRS							
041	OPERATING ROOM	101,257		81,003	1,006	9,391	541	3,515
041	RECOVERY ROOM	5,055		59,789	457	6,932		1,971
041	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC	83,806		69,199	1,222	8,023		1,840
041	01 CT SCAN	28,735		9,107		1,056		694
041	02 ULTRASOUND	6,378		2,064		239		381
041	03 PET SCAN	41,701		11,419		1,324		403
041	04 MAMMOGRAPHY	18,946		2,641		306		474
041	05 MRI	25,320		10,538		1,222		404
042	RADIOLOGY-THERAPEUTIC	158,712		188,021	608	21,798		3,454
047	RADIOISOTOPE	16,996		4,279		496		491
049	LABORATORY	123,191		98,598		11,431		3,792
049	BLOOD STORING, PROCESSING	51,958		4,017		466		635
050	RESPIRATORY THERAPY	28,172		14,046		1,628		937
053	PHYSICAL THERAPY	21,546		21,035	261	2,439		893
054	ELECTROCARDIOLOGY	12,461		3,522	24	408		528
055	ELECTROENCEPHALOGRAPHY	2,709			41			215
055	MEDICAL SUPPLIES CHARGED	102,755						
055	01 NUTRITIONAL COUNSELING	17,237		9,396		1,089		732
056	DRUGS CHARGED TO PATIENTS	1,384,732						
056	01 ONCOLOGY	191,746		265,488	720	30,779	12,056	7,566
059	REFERENCE LAB							
060	OUTPAT SERVICE COST CNTRS							
061	PAIN MANAGEMENT	17,729		2,972		345		825
062	EMERGENCY	66,151		2,339		271		
095	OBSERVATION BEDS (NON-DIS							
097	SPEC PURPOSE COST CENTERS							
101	SUBTOTALS	3,565,957		1,676,392	7,492	188,899	67,668	55,976
102	NONREIMBURS COST CENTERS							
103	NRCC	275,774		62,898		7,292	67,668	7,269
103	CROSS FOOT ADJUSTMENTS							
103	NEGATIVE COST CENTER							
103	TOTAL	3,841,731		1,739,290	7,492	196,191	135,336	63,245

	COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER SERVICE	GENERAL COS	I&R SERVICES-SALARY & FRI
		14	15	16	17	18	19	22	
001	GENERAL SERVICE COST CNTR								
002	OLD CAP REL COSTS-BLDG &								
003	OLD CAP REL COSTS-MVBLE E								
004	NEW CAP REL COSTS-BLDG &								
005	NEW CAP REL COSTS-MVBLE E								
006	EMPLOYEE BENEFITS								
007	ADMINISTRATIVE & GENERAL								
008	MAINTENANCE & REPAIRS								
009	OPERATION OF PLANT								
010	LAUNDRY & LINEN SERVICE								
011	HOUSEKEEPING								
012	DIETARY								
012	CAFETERIA								
014	NURSING ADMINISTRATION	783,849							
015	CENTRAL SERVICES & SUPPLY		576,897						
016	PHARMACY			575,003					
017	MEDICAL RECORDS & LIBRARY				244,138				
018	SOCIAL SERVICE					91,610			
019	OTHER GENERAL SERVICE COS						330,041		
022	I&R SERVICES-SALARY & FRI								1,845
025	INPAT ROUTINE SRVC CNTRS								
025	ADULTS & PEDIATRICS	408,296			4,838	1,814	6,538		
026	INTENSIVE CARE UNIT	98,017			1,203	451	1,625		
027	CORONARY CARE UNIT								
028	BURN INTENSIVE CARE UNIT								
029	SURGICAL INTENSIVE CARE U								
033	NURSERY								
037	ANCILLARY SRVC COST CNTRS								
037	OPERATING ROOM	177,832			9,650	3,619	13,042		
038	RECOVERY ROOM	99,704			1,377	517	1,861		
040	ANESTHESIOLOGY								
041	RADIOLOGY-DIAGNOSTIC				675	253	913		
041 01	CT SCAN				17,334	6,500	23,425		
041 02	ULTRASOUND				331	124	447		
041 03	PET SCAN				6,226	2,335	8,413		
041 04	MAMMOGRAPHY				149	56	202		
041 05	MRI				3,089	1,158	4,174		
042	RADIOLOGY-THERAPEUTIC				20,992	7,872	28,369		
042	RADIOISOTOPE				1,029	386	1,390		
042	LABORATORY				15,212	5,704	20,558		
047	BLOOD STORING, PROCESSING				2,220	833	3,000		
049	RESPIRATORY THERAPY				1,423	534	1,923		
050	PHYSICAL THERAPY				598	224	807		
053	ELECTROCARDIOLOGY				154	58	208		
054	ELECTROENCEPHALOGRAPHY				60	23	82		
055	MEDICAL SUPPLIES CHARGED		576,897		3,251	1,219	4,394		
055 01	NUTRITIONAL COUNSELING				176	66	238		
056	DRUGS CHARGED TO PATIENTS			575,003	146,661	55,055	198,310		
056 01	ONCOLOGY				7,148	2,681	9,660		
059	REFERENCE LAB								
060 01	OUTPAT SERVICE COST CNTRS								
060 01	PAIN MANAGEMENT				342	128	462		
061	EMERGENCY								
062	OBSERVATION BEDS (NON-DIS								
	SPEC PURPOSE COST CENTERS								
095	SUBTOTALS	783,849	576,897	575,003	244,138	91,610	330,041		
	NONREIMBURS COST CENTERS								
097 02	NRCC								
101	CROSS FOOT ADJUSTMENTS								1,845
102	NEGATIVE COST CENTER								
103	TOTAL	783,849	576,897	575,003	244,138	91,610	330,041		1,845

	COST CENTER DESCRIPTION	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
		25	26	27
	GENERAL SERVICE COST CNTR			
001	OLD CAP REL COSTS-BLDG &			
002	OLD CAP REL COSTS-MVBLE E			
003	NEW CAP REL COSTS-BLDG &			
004	NEW CAP REL COSTS-MVBLE E			
005	EMPLOYEE BENEFITS			
006	ADMINISTRATIVE & GENERAL			
007	MAINTENANCE & REPAIRS			
008	OPERATION OF PLANT			
009	LAUNDRY & LINEN SERVICE			
010	HOUSEKEEPING			
011	DIETARY			
012	CAFETERIA			
014	NURSING ADMINISTRATION			
015	CENTRAL SERVICES & SUPPLY			
016	PHARMACY			
017	MEDICAL RECORDS & LIBRARY			
018	SOCIAL SERVICE			
019	OTHER GENERAL SERVICE COS			
022	I&R SERVICES-SALARY & FRI			
	INPAT ROUTINE SRVC CNTRS			
025	ADULTS & PEDIATRICS	1,833,966		1,833,966
026	INTENSIVE CARE UNIT	368,918		368,918
027	CORONARY CARE UNIT	160,326		160,326
028	BURN INTENSIVE CARE UNIT			
029	SURGICAL INTENSIVE CARE U			
033	NURSERY			
	ANCILLARY SRVC COST CNTRS			
037	OPERATING ROOM	1,075,493		1,075,493
038	RECOVERY ROOM	370,231		370,231
040	ANESTHESIOLOGY			
041	RADIOLOGY-DIAGNOSTIC	585,949		585,949
041 01	CT SCAN	116,044		116,044
041 02	ULTRASOUND	54,311		54,311
041 03	PET SCAN	698,022		698,022
041 04	MAMMOGRAPHY	150,811		150,811
041 05	MRI	566,771		566,771
042	RADIOLOGY-THERAPEUTIC	2,867,663		2,867,663
	RADIOISOTOPE	34,798		34,798
	LABORATORY	726,739		726,739
047	BLOOD STORING, PROCESSING	78,631		78,631
049	RESPIRATORY THERAPY	142,743		142,743
050	PHYSICAL THERAPY	92,563		92,563
053	ELECTROCARDIOLOGY	95,457		95,457
054	ELECTROENCEPHALOGRAPHY	9,972		9,972
055	MEDICAL SUPPLIES CHARGED	688,544		688,544
055 01	NUTRITIONAL COUNSELING	49,422		49,422
056	DRUGS CHARGED TO PATIENTS	2,359,761		2,359,761
056 01	ONCOLOGY	1,222,413		1,222,413
059	REFERENCE LAB			
	OUTPAT SERVICE COST CNTRS			
060 01	PAIN MANAGEMENT	30,591		30,591
061	EMERGENCY	79,807		79,807
062	OBSERVATION BEDS (NON-DIS			
	SPEC PURPOSE COST CENTERS			
095	SUBTOTALS	14,459,946		14,459,946
	NONREIMBURS COST CENTERS			
097 02	NRCC	587,476		587,476
101	CROSS FOOT ADJUSTMENTS	1,845		1,845
102	NEGATIVE COST CENTER			
103	TOTAL	15,049,267		15,049,267

COST CENTER DESCRIPTION		OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	RECONCIL- IATION
		(SQUARE FEET	(DOLLAR)VALUE	(SQUARE)FEET	(DOLLAR)VALUE	(GROSS)SALA RIE	
		1	2	3	4	5	6a.00
001	GENERAL SERVICE COST						
002	OLD CAP REL COSTS-BLD	191,424					
003	NEW CAP REL COSTS-MVB		7,929,041				
004	NEW CAP REL COSTS-MVB			191,424			
005	EMPLOYEE BENEFITS	7,254	952	7,254	952	47,169,850	
006	ADMINISTRATIVE & GENE	6,511	2,910,155	6,511	2,910,155	3,903,912	-41,064,978
007	MAINTENANCE & REPAIRS						
008	OPERATION OF PLANT	51,232	116,400	51,232	116,400	1,426,337	
009	LAUNDRY & LINEN SERVI						
010	HOUSEKEEPING	3,418	2,312	3,418	2,312	1,107,233	
011	DIETARY	199	85,560	199	85,560	236,743	
012	CAFETERIA	1,157		1,157		1,376,428	
014	NURSING ADMINISTRATIO	16,155	20,824	16,155	20,824	1,358,398	
015	CENTRAL SERVICES & SU	3,911	295,579	3,911	295,579	357,315	
016	PHARMACY	1,968	317,485	1,968	317,485	1,904,970	
017	MEDICAL RECORDS & LIB	4,146	2,269	4,146	2,269	1,413,417	
018	SOCIAL SERVICE	1,131		1,131		952,010	
019	OTHER GENERAL SERVICE	3,128	530	3,128	530	4,585,813	
022	I&R SERVICES-SALARY &					41,704	
	INPAT ROUTINE SRVC CN						
025	ADULTS & PEDIATRICS	23,558	93,801	23,558	93,801	5,466,686	
026	INTENSIVE CARE UNIT	610	136,758	610	136,758	1,379,985	
027	CORONARY CARE UNIT		124,482		124,482		
028	BURN INTENSIVE CARE U						
029	SURGICAL INTENSIVE CA						
033	NURSERY						
	ANCILLARY SRVC COST C						
037	OPERATING ROOM	5,888	406,044	5,888	406,044	1,997,724	
038	RECOVERY ROOM	4,346	61,210	4,346	61,210		
040	ANESTHESIOLOGY						
041	RADIOLOGY-DIAGNOSTIC	5,030	223,492	5,030	223,492	1,351,090	
041	01 CT SCAN	662	7,879	662	7,879	405,917	
041	02 ULTRASOUND	150	31,762	150	31,762	119,154	
041	03 PET SCAN	830	480,397	830	480,397	290,809	
041	04 MAMMOGRAPHY	192	96,688	192	96,688	383,518	
041	05 MRI	766	398,120	766	398,120	200,492	
042	RADIOLOGY-THERAPEUTIC	13,667	1,647,568	13,667	1,647,568	1,489,979	
043	RADIOISOTOPE	311		311		351,438	
044	LABORATORY	7,167	198,123	7,167	198,123	2,117,294	
047	BLOOD STORING, PROCES	292	4,509	292	4,509	501,365	
049	RESPIRATORY THERAPY	1,021	50,932	1,021	50,932	719,927	
050	PHYSICAL THERAPY	1,529	1,451	1,529	1,451	537,615	
053	ELECTROCARDIOLOGY	256	55,919	256	55,919	266,436	
054	ELECTROENCEPHALOGRAPH		5,233		5,233	66,821	
055	MEDICAL SUPPLIES CHAR					6,720	
055	01 NUTRITIONAL COUNSELING	683	311	683	311	462,687	
056	DRUGS CHARGED TO PATI						
056	01 ONCOLOGY	19,298	129,048	19,298	129,048	4,521,888	
059	REFERENCE LAB						
	OUTPAT SERVICE COST C						
060	01 PAIN MANAGEMENT	216		216		493,848	
061	EMERGENCY	170	527	170	527	1,421,221	
062	OBSERVATION BEDS (NON						
	SPEC PURPOSE COST CEN						
095	SUBTOTALS	186,852	7,906,320	186,852	7,906,320	43,216,894	-41,064,978
	NONREIMBURS COST CENT						
097	02 NRCC	4,572	22,721	4,572	22,721	3,952,956	
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	COST TO BE ALLOCATED			5,098,348	9,950,919	10,688,404	
	(WRKSHT B, PART I)						
104	UNIT COST MULTIPLIER			26.633797		.226594	
	(WRKSHT B, PT I)				1.254997		
105	COST TO BE ALLOCATED						
	(WRKSHT B, PART II)						
106	UNIT COST MULTIPLIER						
	(WRKSHT B, PT II)						
107	COST TO BE ALLOCATED					194,397	
	(WRKSHT B, PART III)						
108	UNIT COST MULTIPLIER					.004121	
	(WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	ADMINISTRATIVE MAINTENANCE & OPERATION OF E & GENERAL REPAIRS PLANT			LAUNDRY & LINEN SERVICE		DIETARY	CAFETERIA
		(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(HOURS OF SERVICE)
		6	7	8	9	10	11	12
001	GENERAL SERVICE COST							
002	OLD CAP REL COSTS-BLD							
003	OLD CAP REL COSTS-MVB							
004	NEW CAP REL COSTS-BLD							
005	NEW CAP REL COSTS-MVB							
006	EMPLOYEE BENEFITS							
007	ADMINISTRATIVE & GENE	146,353,168						
008	MAINTENANCE & REPAIRS		177,659					
009	OPERATION OF PLANT	8,488,671	51,232	126,427				
010	LAUNDRY & LINEN SERVI	285,402			363,524			
011	HOUSEKEEPING	1,927,823	3,418	3,418	3,175	123,009		
012	DIETARY	709,595	199	199		199	60,090	
013	CAFETERIA	342,705	1,157	1,157		1,157		1,393,676
014	NURSING ADMINISTRATIO	2,761,291	16,155	16,155		16,155		29,719
015	CENTRAL SERVICES & SU	1,513,889	3,911	3,911		3,911		11,584
016	PHARMACY	3,177,238	1,968	1,968		1,968		59,050
017	MEDICAL RECORDS & LIB	2,244,903	4,146	4,146		4,146		54,222
018	SOCIAL SERVICE	1,456,750	1,131	1,131	792	1,131		42,863
019	OTHER GENERAL SERVICE	6,551,456	3,128	3,128	326	3,128		157,833
020	I&R SERVICES-SALARY &	60,135						2,080
021	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	8,400,964	23,558	23,558	130,917	23,558	23,009	177,841
026	INTENSIVE CARE UNIT	2,252,942	610	610	17,699	610	1,443	42,693
027	CORONARY CARE UNIT	156,225						
028	BURN INTENSIVE CARE U							
029	SURGICAL INTENSIVE CA							
030	NURSERY							
031	ANCILLARY SRVC COST C							
037	OPERATING ROOM	3,857,408	5,888	5,888	48,833	5,888	240	77,458
038	RECOVERY ROOM	192,568	4,346	4,346	22,192	4,346		43,428
040	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC	3,192,608	5,030	5,030	59,306	5,030		40,550
041 01	CT SCAN	1,094,672	662	662		662		15,304
041 02	ULTRASOUND	242,958	150	150		150		8,406
041 03	PET SCAN	1,588,600	830	830		830		8,891
041 04	MAMMOGRAPHY	721,744	192	192		192		10,435
041 05	MRI	964,581	766	766		766		8,900
042	RADIOLOGY-THERAPEUTIC	6,046,178	13,667	13,667	29,500	13,667		76,115
043	RADIOISOTOPE	647,483	311	311		311		10,811
044	LABORATORY	4,692,992	7,167	7,167		7,167		83,563
047	BLOOD STORING, PROCES	1,979,344	292	292		292		13,997
049	RESPIRATORY THERAPY	1,073,203	1,021	1,021		1,021		20,650
050	PHYSICAL THERAPY	820,812	1,529	1,529	12,687	1,529		19,673
053	ELECTROCARDIOLOGY	474,714	256	256	1,181	256		11,646
054	ELECTROENCEPHALOGRAPH	103,192			1,974			4,747
055	MEDICAL SUPPLIES CHAR	3,914,491						
055 01	NUTRITIONAL COUNSELING	656,642	683	683		683		16,137
056	DRUGS CHARGED TO PATI	52,753,300						
056 01	ONCOLOGY	7,304,595	19,298	19,298	34,942	19,298	5,353	166,728
059	REFERENCE LAB							
060	OUTPAT SERVICE COST C							
061 01	PAIN MANAGEMENT	675,394	216	216		216		18,177
061	EMERGENCY	2,520,020	170	170		170		
062	OBSERVATION BEDS (NON							
062	SPEC PURPOSE COST CEN							
095	SUBTOTALS	135,847,488	173,087	121,855	363,524	118,437	30,045	1,233,501
097	NONREIMBURS COST CENT							
097 02	NRCC	10,505,680	4,572	4,572		4,572	30,045	160,175
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	41,064,978		10,870,490	365,482	2,765,827	930,283	564,361
104	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER				1.005386		15.481494	
104	(WRKSHT B, PT I)	.280588		85.982346		22.484753		.404944
105	COST TO BE ALLOCATED							
105	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER							
106	(WRKSHT B, PT II)							
107	COST TO BE ALLOCATED	3,841,731		1,739,290	7,492	196,191	135,336	63,245
107	(WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER				.020609		2.252222	
108	(WRKSHT B, PT III)	.026250		13.757267		1.594932		.045380

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO:
I 14-0100
II PERIOD:
I FROM 7/ 1/2008
I TO 6/30/2009 II PREPARED 11/19/2009
I WORKSHEET B-1

	COST CENTER DESCRIPTION	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	OTHER GENERAL SERVICE COS	I&R SERVICES- SALARY & FRI
		(HOURS OF SERVICE	(COSTED)REQUIS	(COST)REQUIS	(GROSS)REVE NUE	(GROSS)REVE NUE	(GROSS)REVE NUE	(ASSIGNED)TIME
		14	15	16	17	18	19	22
001	GENERAL SERVICE COST							
002	OLD CAP REL COSTS-BLD							
003	OLD CAP REL COSTS-MVB							
004	NEW CAP REL COSTS-BLD							
005	NEW CAP REL COSTS-MVB							
006	EMPLOYEE BENEFITS							
007	ADMINISTRATIVE & GENE							
008	MAINTENANCE & REPAIRS							
009	OPERATION OF PLANT							
010	LAUNDRY & LINEN SERVI							
011	HOUSEKEEPING							
012	DIETARY							
014	CAFETERIA							
015	NURSING ADMINISTRATIO	341,420						
016	CENTRAL SERVICES & SU		100					
017	PHARMACY			100				
018	MEDICAL RECORDS & LIB				575,647,970			
019	SOCIAL SERVICE					575,647,970		
022	OTHER GENERAL SERVICE						575,647,970	
025	I&R SERVICES-SALARY &							100
026	INPAT ROUTINE SRVC CN							
027	ADULTS & PEDIATRICS	177,841			11,410,645	11,410,645	11,410,645	
028	INTENSIVE CARE UNIT	42,693			2,836,385	2,836,385	2,836,385	
029	CORONARY CARE UNIT							
033	BURN INTENSIVE CARE U							
037	SURGICAL INTENSIVE CA							
038	NURSERY							
040	ANCILLARY SRVC COST C							
041	OPERATING ROOM	77,458			22,760,457	22,760,457	22,760,457	
041	RECOVERY ROOM	43,428			3,248,606	3,248,606	3,248,606	
041	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC				1,593,155	1,593,155	1,593,155	
041	01 CT SCAN				40,881,185	40,881,185	40,881,185	
041	02 ULTRASOUND				780,553	780,553	780,553	
041	03 PET SCAN				14,683,100	14,683,100	14,683,100	
041	04 MAMMOGRAPHY				351,925	351,925	351,925	
041	05 MRI				7,285,120	7,285,120	7,285,120	
042	RADIOLOGY-THERAPEUTIC				49,509,967	49,509,967	49,509,967	
043	RADIOISOTOPE				2,426,651	2,426,651	2,426,651	
044	LABORATORY				35,877,339	35,877,339	35,877,339	
047	BLOOD STORING, PROCES				5,236,370	5,236,370	5,236,370	
049	RESPIRATORY THERAPY				3,355,642	3,355,642	3,355,642	
050	PHYSICAL THERAPY				1,409,223	1,409,223	1,409,223	
053	ELECTROCARDIOLOGY				363,190	363,190	363,190	
054	ELECTROENCEPHALOGRAPH				142,579	142,579	142,579	
055	MEDICAL SUPPLIES CHAR		100		7,667,711	7,667,711	7,667,711	
055	01 NUTRITIONAL COUNSELING				415,630	415,630	415,630	
056	DRUGS CHARGED TO PATI			100	345,747,110	345,747,110	345,747,110	
059	01 ONCOLOGY				16,859,067	16,859,067	16,859,067	
060	REFERENCE LAB							
061	OUTPAT SERVICE COST C							
061	01 PAIN MANAGEMENT				806,360	806,360	806,360	
062	EMERGENCY							100
095	OBSERVATION BEDS (NON							
097	SPEC PURPOSE COST CEN							
101	SUBTOTALS	341,420	100	100	575,647,970	575,647,970	575,647,970	100
102	NONREIMBURS COST CENT							
103	02 NRCC							
103	CROSS FOOT ADJUSTMENT							
103	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	5,300,397	2,367,574	4,306,108	3,346,458	2,006,326	8,793,243	77,850
104	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER		23,675.740000		.005813		.015275	
105	(WRKSHT B, PT I)	15.524565		43,061.080000		.003485		778.500000
105	COST TO BE ALLOCATED							
106	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER							
106	(WRKSHT B, PT II)							
107	COST TO BE ALLOCATED	783,849	576,897	575,003	244,138	91,610	330,041	1,845
108	(WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER		5,768.970000		.000424		.000573	
	(WRKSHT B, PT III)	2.295850		5,750.030000		.000159		18.450000

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 11/19/2009
 I 14-0100 I FROM 7/ 1/2008 I WORKSHEET C
 I I TO 6/30/2009 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
	ADULTS & PEDIATRICS	16,914,596		16,914,596		16,914,596
26	INTENSIVE CARE UNIT	3,741,166		3,741,166		3,741,166
27	CORONARY CARE UNIT	200,060		200,060		200,060
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
33	NURSERY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	7,424,377		7,424,377		7,424,377
38	RECOVERY ROOM	1,511,924		1,511,924		1,511,924
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	4,749,197		4,749,197		4,749,197
41 01	CT SCAN	2,484,399		2,484,399		2,484,399
41 02	ULTRASOUND	349,983		349,983		349,983
41 03	PET SCAN	2,488,777		2,488,777		2,488,777
41 04	MAMMOGRAPHY	957,957		957,957		957,957
41 05	MRI	1,500,937		1,500,937		1,500,937
42	RADIOLOGY-THERAPEUTIC	10,502,172		10,502,172		10,502,172
43	RADIOISOTOPE	926,901		926,901		926,901
44	LABORATORY	7,702,624		7,702,624		7,702,624
47	BLOOD STORING, PROCESSING	2,700,739		2,700,739		2,700,739
49	RESPIRATORY THERAPY	1,575,895		1,575,895		1,575,895
50	PHYSICAL THERAPY	1,272,318		1,272,318		1,272,318
53	ELECTROCARDIOLOGY	650,508		650,508		650,508
54	ELECTROENCEPHALOGRAPHY	139,557		139,557		139,557
55	MEDICAL SUPPLIES CHARGED	7,568,842		7,568,842		7,568,842
55 01	NUTRITIONAL COUNSELING	931,719		931,719		931,719
56	DRUGS CHARGED TO PATIENTS	80,358,064		80,358,064		80,358,064
56 01	ONCOLOGY	12,047,171		12,047,171		12,047,171
59	REFERENCE LAB					
	OUTPAT SERVICE COST CNTRS					
60 01	PAIN MANAGEMENT	915,505		915,505		915,505
61	EMERGENCY	3,245,546		3,245,546		3,245,546
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	162,855		162,855		162,855
101	SUBTOTAL	173,023,789		173,023,789		173,023,789
102	LESS OBSERVATION BEDS	162,855		162,855		162,855
103	TOTAL	172,860,934		172,860,934		172,860,934

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 11/19/2009
 I 14-0100 I FROM 7/ 1/2008 I WORKSHEET C
 I I TO 6/30/2009 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS	11,410,645		11,410,645			
27	INTENSIVE CARE UNIT	2,836,385		2,836,385			
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
33	SURGICAL INTENSIVE CARE U NURSERY						
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	12,312,120	10,448,337	22,760,457	.326196	.326196	.326196
40	RECOVERY ROOM	530,515	2,718,091	3,248,606	.465407	.465407	.465407
41	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	592,848	1,000,306	1,593,154	2.981003	2.981003	2.981003
41 01	CT SCAN	2,935,561	37,945,624	40,881,185	.060771	.060771	.060771
41 02	ULTRASOUND	265,748	514,805	780,553	.448378	.448378	.448378
41 03	PET SCAN	317,212	14,365,888	14,683,100	.169499	.169499	.169499
41 04	MAMMOGRAPHY	21,083	330,842	351,925	2.722049	2.722049	2.722049
41 05	MRI	719,628	6,565,492	7,285,120	.206028	.206028	.206028
42	RADIOLOGY-THERAPEUTIC	7,141,193	42,368,774	49,509,967	.212122	.212122	.212122
43	RADIOISOTOPE	151,015	2,275,636	2,426,651	.381967	.381967	.381967
44	LABORATORY	9,374,402	26,502,937	35,877,339	.214693	.214693	.214693
47	BLOOD STORING, PROCESSING	3,632,865	1,603,505	5,236,370	.515766	.515766	.515766
49	RESPIRATORY THERAPY	3,084,906	270,736	3,355,642	.469625	.469625	.469625
50	PHYSICAL THERAPY	734,545	674,678	1,409,223	.902851	.902851	.902851
53	ELECTROCARDIOLOGY	675,185	2,961,005	3,636,190	.178898	.178898	.178898
54	ELECTROENCEPHALOGRAPHY	24,980	117,599	142,579	.978805	.978805	.978805
55	MEDICAL SUPPLIES CHARGED	4,893,716	2,773,995	7,667,711	.987106	.987106	.987106
55 01	NUTRITIONAL COUNSELING	75,728	339,902	415,630	2.241703	2.241703	2.241703
56	DRUGS CHARGED TO PATIENTS	61,749,936	283,997,174	345,747,110	.232419	.232419	.232419
56 01	ONCOLOGY	143,787	16,715,280	16,859,067	.714581	.714581	.714581
59	REFERENCE LAB						
60	OUTPAT SERVICE COST CNTRS						
61 01	PAIN MANAGEMENT	514,857	291,503	806,360	1.135355	1.135355	1.135355
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		2,154,648	2,154,648	.075583	.075583	.075583
101	SUBTOTAL	124,138,860	456,936,757	581,075,617			
102	LESS OBSERVATION BEDS						
103	TOTAL	124,138,860	456,936,757	581,075,617			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEETI PROVIDER NO:
I 14-0100
II PERIOD:
I FROM 7/ 1/2008
I TO 6/30/2009I PREPARED 11/19/2009
I WORKSHEET C
I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS					
26	ADULTS & PEDIATRICS	16,914,596		16,914,596		16,914,596
27	INTENSIVE CARE UNIT	3,741,166		3,741,166		3,741,166
28	CORONARY CARE UNIT	200,060		200,060		200,060
29	BURN INTENSIVE CARE UNIT					
33	SURGICAL INTENSIVE CARE U NURSERY					
37	ANCILLARY SRVC COST CNTRS					
38	OPERATING ROOM	7,424,377		7,424,377		7,424,377
40	RECOVERY ROOM	1,511,924		1,511,924		1,511,924
41	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	4,749,197		4,749,197		4,749,197
41 01	CT SCAN	2,484,399		2,484,399		2,484,399
41 02	ULTRASOUND	349,983		349,983		349,983
41 03	PET SCAN	2,488,777		2,488,777		2,488,777
41 04	MAMMOGRAPHY	957,957		957,957		957,957
41 05	MRI	1,500,937		1,500,937		1,500,937
42	RADIOLOGY-THERAPEUTIC	10,502,172		10,502,172		10,502,172
43	RADIOISOTOPE	926,901		926,901		926,901
44	LABORATORY	7,702,624		7,702,624		7,702,624
47	BLOOD STORING, PROCESSING	2,700,739		2,700,739		2,700,739
49	RESPIRATORY THERAPY	1,575,895		1,575,895		1,575,895
50	PHYSICAL THERAPY	1,272,318		1,272,318		1,272,318
53	ELECTROCARDIOLOGY	650,508		650,508		650,508
54	ELECTROENCEPHALOGRAPHY	139,557		139,557		139,557
55	MEDICAL SUPPLIES CHARGED	7,568,842		7,568,842		7,568,842
55 01	NUTRITIONAL COUNSELING	931,719		931,719		931,719
56	DRUGS CHARGED TO PATIENTS	80,358,064		80,358,064		80,358,064
56 01	ONCOLOGY	12,047,171		12,047,171		12,047,171
59	REFERENCE LAB					
60	OUTPAT SERVICE COST CNTRS					
60 01	PAIN MANAGEMENT	915,505		915,505		915,505
61	EMERGENCY	3,323,396		3,323,396		3,323,396
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	162,855		162,855		162,855
101	SUBTOTAL	173,101,639		173,101,639		173,101,639
102	LESS OBSERVATION BEDS	162,855		162,855		162,855
103	TOTAL	172,938,784		172,938,784		172,938,784

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEETI PROVIDER NO:
I 14-0100
II PERIOD:
I FROM 7/ 1/2008
I TO 6/30/2009I PREPARED 11/19/2009
I WORKSHEET C
I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS	11,410,645		11,410,645			
27	INTENSIVE CARE UNIT	2,836,385		2,836,385			
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
33	SURGICAL INTENSIVE CARE U NURSERY						
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	12,312,120	10,448,337	22,760,457	.326196	.326196	.326196
40	RECOVERY ROOM	530,515	2,718,091	3,248,606	.465407	.465407	.465407
41	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	592,848	1,000,306	1,593,154	2.981003	2.981003	2.981003
41 01	CT SCAN	2,935,561	37,945,624	40,881,185	.060771	.060771	.060771
41 02	ULTRASOUND	265,748	514,805	780,553	.448378	.448378	.448378
41 03	PET SCAN	317,212	14,365,888	14,683,100	.169499	.169499	.169499
41 04	MAMMOGRAPHY	21,083	330,842	351,925	2.722049	2.722049	2.722049
41 05	MRI	719,628	6,565,492	7,285,120	.206028	.206028	.206028
42	RADIOLOGY-THERAPEUTIC	7,141,193	42,368,774	49,509,967	.212122	.212122	.212122
43	RADIOISOTOPE	151,015	2,275,636	2,426,651	.381967	.381967	.381967
44	LABORATORY	9,374,402	26,502,937	35,877,339	.214693	.214693	.214693
47	BLOOD STORING, PROCESSING	3,632,865	1,603,505	5,236,370	.515766	.515766	.515766
49	RESPIRATORY THERAPY	3,084,906	270,736	3,355,642	.469625	.469625	.469625
50	PHYSICAL THERAPY	734,545	674,678	1,409,223	.902851	.902851	.902851
53	ELECTROCARDIOLOGY	675,185	2,961,005	3,636,190	.178898	.178898	.178898
54	ELECTROENCEPHALOGRAPHY	24,980	117,599	142,579	.978805	.978805	.978805
55	MEDICAL SUPPLIES CHARGED	4,893,716	2,773,995	7,667,711	.987106	.987106	.987106
55 01	NUTRITIONAL COUNSELING	75,728	339,902	415,630	2.241703	2.241703	2.241703
56	DRUGS CHARGED TO PATIENTS	61,749,936	283,997,174	345,747,110	.232419	.232419	.232419
56 01	ONCOLOGY	143,787	16,715,280	16,859,067	.714581	.714581	.714581
59	REFERENCE LAB						
60	OUTPAT SERVICE COST CNTRS						
61 01	PAIN MANAGEMENT	514,857	291,503	806,360	1.135355	1.135355	1.135355
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		2,154,648	2,154,648	.075583	.075583	.075583
101	SUBTOTAL	124,138,860	456,936,757	581,075,617			
102	LESS OBSERVATION BEDS						
103	TOTAL	124,138,860	456,936,757	581,075,617			

WKST A NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS	7,424,377	1,075,493	6,348,884			7,424,377
38	OPERATING ROOM	1,511,924	370,231	1,141,693			1,511,924
40	RECOVERY ROOM						
41	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	4,749,197	585,949	4,163,248			4,749,197
41 01	CT SCAN	2,484,399	116,044	2,368,355			2,484,399
41 02	ULTRASOUND	349,983	54,311	295,672			349,983
41 03	PET SCAN	2,488,777	698,022	1,790,755			2,488,777
41 04	MAMMOGRAPHY	957,957	150,811	807,146			957,957
41 05	MRI	1,500,937	566,771	934,166			1,500,937
42	RADIOLOGY-THERAPEUTIC	10,502,172	2,867,663	7,634,509			10,502,172
43	RADIOISOTOPE	926,901	34,798	892,103			926,901
44	LABORATORY	7,702,624	726,739	6,975,885			7,702,624
47	BLOOD STORING, PROCESSING	2,700,739	78,631	2,622,108			2,700,739
49	RESPIRATORY THERAPY	1,575,895	142,743	1,433,152			1,575,895
50	PHYSICAL THERAPY	1,272,318	92,563	1,179,755			1,272,318
53	ELECTROCARDIOLOGY	650,508	95,457	555,051			650,508
54	ELECTROENCEPHALOGRAPHY	139,557	9,972	129,585			139,557
55	MEDICAL SUPPLIES CHARGED	7,568,842	688,544	6,880,298			7,568,842
55 01	NUTRITIONAL COUNSELING	931,719	49,422	882,297			931,719
56	DRUGS CHARGED TO PATIENTS	80,358,064	2,359,761	77,998,303			80,358,064
56 01	ONCOLOGY	12,047,171	1,222,413	10,824,758			12,047,171
59	REFERENCE LAB						
60	OUTPAT SERVICE COST CNTRS						
60 01	PAIN MANAGEMENT	915,505	30,591	884,914			915,505
61	EMERGENCY	3,245,546	79,807	3,165,739			3,245,546
62	OBSERVATION BEDS (NON-DIS	162,855	17,658	145,197			162,855
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	152,167,967	12,114,394	140,053,573			152,167,967
102	LESS OBSERVATION BEDS	162,855	17,658	145,197			162,855
103	TOTAL	152,005,112	12,096,736	139,908,376			152,005,112

WKST A	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
NO.		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	22,760,457	.326196	.326196
38	RECOVERY ROOM	3,248,606	.465407	.465407
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	1,593,154	2.981003	2.981003
41 01	CT SCAN	40,881,185	.060771	.060771
41 02	ULTRASOUND	780,553	.448378	.448378
41 03	PET SCAN	14,683,100	.169499	.169499
41 04	MAMMOGRAPHY	351,925	2.722049	2.722049
41 05	MRI	7,285,120	.206028	.206028
42	RADIOLOGY-THERAPEUTIC	49,509,967	.212122	.212122
43	RADIOISOTOPE	2,426,651	.381967	.381967
44	LABORATORY	35,877,339	.214693	.214693
47	BLOOD STORING, PROCESSING	5,236,370	.515766	.515766
49	RESPIRATORY THERAPY	3,355,642	.469625	.469625
50	PHYSICAL THERAPY	1,409,223	.902851	.902851
53	ELECTROCARDIOLOGY	3,636,190	.178898	.178898
54	ELECTROENCEPHALOGRAPHY	142,579	.978805	.978805
55	MEDICAL SUPPLIES CHARGED	7,667,711	.987106	.987106
55 01	NUTRITIONAL COUNSELING	415,630	2.241703	2.241703
56	DRUGS CHARGED TO PATIENTS	345,747,110	.232419	.232419
56 01	ONCOLOGY	16,859,067	.714581	.714581
59	REFERENCE LAB			
	OUTPAT SERVICE COST CNTRS			
60 01	PAIN MANAGEMENT	806,360	1.135355	1.135355
61	EMERGENCY			
62	OBSERVATION BEDS (NON-DIS	2,154,648	.075583	.075583
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	566,828,587		
102	LESS OBSERVATION BEDS	2,154,648		
103	TOTAL	564,673,939		

WKST A NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	7,424,377	1,075,493	6,348,884	107,549	368,235	6,948,593
38	RECOVERY ROOM	1,511,924	370,231	1,141,693	37,023	66,218	1,408,683
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	4,749,197	585,949	4,163,248	58,595	241,468	4,449,134
41 01	CT SCAN	2,484,399	116,044	2,368,355	11,604	137,365	2,335,430
41 02	ULTRASOUND	349,983	54,311	295,672	5,431	17,149	327,403
41 03	PET SCAN	2,488,777	698,022	1,790,755	69,802	103,864	2,315,111
41 04	MAMMOGRAPHY	957,957	150,811	807,146	15,081	46,814	896,062
41 05	MRI	1,500,937	566,771	934,166	56,677	54,182	1,390,078
42	RADIOLOGY-THERAPEUTIC	10,502,172	2,867,663	7,634,509	286,766	442,802	9,772,604
43	RADIOISOTOPE	926,901	34,798	892,103	3,480	51,742	871,679
44	LABORATORY	7,702,624	726,739	6,975,885	72,674	404,601	7,225,349
47	BLOOD STORING, PROCESSING	2,700,739	78,631	2,622,108	7,863	152,082	2,540,794
49	RESPIRATORY THERAPY	1,575,895	142,743	1,433,152	14,274	83,123	1,478,498
50	PHYSICAL THERAPY	1,272,318	92,563	1,179,755	9,256	68,426	1,194,636
53	ELECTROCARDIOLOGY	650,508	95,457	555,051	9,546	32,193	608,769
54	ELECTROENCEPHALOGRAPHY	139,557	9,972	129,585	997	7,516	131,044
55	MEDICAL SUPPLIES CHARGED	7,568,842	688,544	6,880,298	68,854	399,057	7,100,931
55 01	NUTRITIONAL COUNSELING	931,719	49,422	882,297	4,942	51,173	875,604
56	DRUGS CHARGED TO PATIENTS	80,358,064	2,359,761	77,998,303	235,976	4,523,902	75,598,186
56 01	ONCOLOGY	12,047,171	1,222,413	10,824,758	122,241	627,836	11,297,094
59	REFERENCE LAB						
	OUTPAT SERVICE COST CNTRS						
60 01	PAIN MANAGEMENT	915,505	30,591	884,914	3,059	51,325	861,121
61	EMERGENCY	3,323,396	79,807	3,243,589	7,981	188,128	3,127,287
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	162,855	17,658	145,197	1,766	8,421	152,668
101	SUBTOTAL	152,245,817	12,114,394	140,131,423	1,211,437	8,127,622	142,906,758
102	LESS OBSERVATION BEDS	162,855	17,658	145,197	1,766	8,421	152,668
103	TOTAL	152,082,962	12,096,736	139,986,226	1,209,671	8,119,201	142,754,090

WKST A	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
NO.		7	8	9
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM	22,760,457	.305292	.321471
40	RECOVERY ROOM	3,248,606	.433627	.454010
41	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	1,593,154	2.792658	2.944224
41 01	CT SCAN	40,881,185	.057127	.060487
41 02	ULTRASOUND	780,553	.419450	.441420
41 03	PET SCAN	14,683,100	.157672	.164746
41 04	MAMMOGRAPHY	351,925	2.546173	2.679196
41 05	MRI	7,285,120	.190811	.198248
42	RADIOLOGY-THERAPEUTIC	49,509,967	.197387	.206330
43	RADIOISOTOPE	2,426,651	.359211	.380533
44	LABORATORY	35,877,339	.201390	.212668
47	BLOOD STORING, PROCESSING	5,236,370	.485220	.514264
49	RESPIRATORY THERAPY	3,355,642	.440601	.465372
50	PHYSICAL THERAPY	1,409,223	.847727	.896283
53	ELECTROCARDIOLOGY	3,636,190	.167419	.176273
54	ELECTROENCEPHALOGRAPHY	142,579	.919097	.971812
55	MEDICAL SUPPLIES CHARGED	7,667,711	.926082	.978126
55 01	NUTRITIONAL COUNSELING	415,630	2.106691	2.229813
56	DRUGS CHARGED TO PATIENTS	345,747,110	.218652	.231736
56 01	ONCOLOGY	16,859,067	.670090	.707330
59	REFERENCE LAB			
60	OUTPAT SERVICE COST CNTRS			
60 01	PAIN MANAGEMENT	806,360	1.067911	1.131562
61	EMERGENCY			
62	OBSERVATION BEDS (NON-DIS	2,154,648	.070855	.074763
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	566,828,587		
102	LESS OBSERVATION BEDS	2,154,648		
103	TOTAL	564,673,939		

A NO.	CDST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				1,833,966		1,833,966
26	INTENSIVE CARE UNIT				368,918		368,918
27	CORONARY CARE UNIT				160,326		160,326
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY						
101	TOTAL				2,363,210		2,363,210

WKST A VO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS	9,867	1,437			185.87	267,095
27	INTENSIVE CARE UNIT	932	148			395.83	58,583
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
33	SURGICAL INTENSIVE CARE U						
101	NURSERY						
	TOTAL	10,799	1,585				325,678

TITLE XVIII, PART A

HOSPITAL

PPS

WKST I	A NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM		1,075,493	22,760,457	1,313,399		
38		RECOVERY ROOM		370,231	3,248,606	90,212		
40		ANESTHESIOLOGY						
41		RADIOLOGY-DIAGNOSTIC		585,949	1,593,154	100,703		
41	01	CT SCAN		116,044	40,881,185	559,598		
41	02	ULTRASOUND		54,311	780,553	36,637		
41	03	PET SCAN		698,022	14,683,100	58,401		
41	04	MAMMOGRAPHY		150,811	351,925	-332		
41	05	MRI		566,771	7,285,120	135,561		
42		RADIOLOGY-THERAPEUTIC		2,867,663	49,509,967	941,330		
43		RADIOISOTOPE		34,798	2,426,651	26,411		
44		LABORATORY		726,739	35,877,339	1,423,031		
47		BLOOD STORING, PROCESSING		78,631	5,236,370	478,756		
49		RESPIRATORY THERAPY		142,743	3,355,642	595,885		
50		PHYSICAL THERAPY		92,563	1,409,223	132,208		
53		ELECTROCARDIOLOGY		95,457	3,636,190	154,315		
54		ELECTROENCEPHALOGRAPHY		9,972	142,579	7,493		
55		MEDICAL SUPPLIES CHARGED		688,544	7,667,711	631,310		
55	01	NUTRITIONAL COUNSELING		49,422	415,630	11,064		
56		DRUGS CHARGED TO PATIENTS		2,359,761	345,747,110	7,262,693		
56	01	ONCOLOGY		1,222,413	16,859,067	26,825		
59		REFERENCE LAB						
		OUTPAT SERVICE COST CNTRS						
60	01	PAIN MANAGEMENT		30,591	806,360	53,596		
61		EMERGENCY		79,807				
62		OBSERVATION BEDS (NON-DIS		17,658	2,154,648			
		OTHER REIMBURS COST CNTRS						
101		TOTAL		12,114,394	566,828,587	14,039,096		

TITLE XVIII, PART A

HOSPITAL

PPS

WKST NO.	A NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
			CST/CHRG 7	RATIO 8
		ANCILLARY SRVC COST CNTRS		
37		OPERATING ROOM	.047253	62,062
38		RECOVERY ROOM	.113966	10,281
40		ANESTHESIOLOGY		
41		RADIOLOGY-DIAGNOSTIC	.367792	37,038
41	01	CT SCAN	.002839	1,589
41	02	ULTRASOUND	.069580	2,549
41	03	PET SCAN	.047539	2,776
41	04	MAMMOGRAPHY	.428532	-142
41	05	MRI	.077798	10,546
42		RADIOLOGY-THERAPEUTIC	.057921	54,523
43		RADIOISOTOPE	.014340	379
44		LABORATORY	.020256	28,825
47		BLOOD STORING, PROCESSING	.015016	7,189
49		RESPIRATORY THERAPY	.042538	25,348
50		PHYSICAL THERAPY	.065684	8,684
53		ELECTROCARDIOLOGY	.026252	4,051
54		ELECTROENCEPHALOGRAPHY	.069940	524
55		MEDICAL SUPPLIES CHARGED	.089798	56,690
55	01	NUTRITIONAL COUNSELING	.118909	1,316
56		DRUGS CHARGED TO PATIENTS	.006825	49,568
56	01	ONCOLOGY	.072508	1,945
59		REFERENCE LAB		
60	01	OUTPAT SERVICE COST CNTRS		
61		PAIN MANAGEMENT	.037937	2,033
61		EMERGENCY		
62		OBSERVATION BEDS (NON-DIS	.008195	
		OTHER REIMBURS COST CNTRS		
101		TOTAL		367,774

I PROVIDER NO: I PERIOD: I PREPARED 11/19/2009
I 14-0100 I FROM 7/ 1/2008 I WORKSHEET D
I I TO 6/30/2009 I PART III

APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XVIII, PART A

PPS

WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN	MED EDUCATN	SWING BED	TOTAL	TOTAL	PER DIEM
NO.		ANESTHETIST	COST	ADJ AMOUNT	COSTS	PATIENT DAYS	
		1	2	3	4	5	6
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS					9,867	
27	INTENSIVE CARE UNIT					932	
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
33	SURGICAL INTENSIVE CARE U						
101	NURSERY						
	TOTAL					10,799	

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
NO.		PROG DAYS	PASS THRU COST
		7	8
26	ADULTS & PEDIATRICS	1,437	
27	INTENSIVE CARE UNIT	148	
28	CORONARY CARE UNIT		
29	BURN INTENSIVE CARE UNIT		
33	SURGICAL INTENSIVE CARE U		
101	NURSERY		
	TOTAL	1,585	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM						
40	RECOVERY ROOM						
41	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	CT SCAN						
41 02	ULTRASOUND						
41 03	PET SCAN						
41 04	MAMMOGRAPHY						
41 05	MRI						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55 01	NUTRITIONAL COUNSELING						
56	DRUGS CHARGED TO PATIENTS						
56 01	ONCOLOGY						
59	REFERENCE LAB						
	OUTPAT SERVICE COST CNTRS						
60 01	PAIN MANAGEMENT						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A	COST CENTER DESCRIPTION	TOTAL	O/P PASS THRU	TOTAL	RATIO OF COST O/P RATIO OF	INPAT PROG	INPAT PROG
NO.		COSTS	COSTS	CHARGES	TO CHARGES CST TO CHARGES	CHARGE	PASS THRU COST
		3	3.01	4	5	6	7
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM			22,760,457		1,313,399	
38	RECOVERY ROOM			3,248,606		90,212	
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC			1,593,154		100,703	
41 01	CT SCAN			40,881,185		559,598	
41 02	ULTRASOUND			780,553		36,637	
41 03	PET SCAN			14,683,100		58,401	
41 04	MAMMOGRAPHY			351,925		-332	
41 05	MRI			7,285,120		135,561	
42	RADIOLOGY-THERAPEUTIC			49,509,967		941,330	
43	RADIOISOTOPE			2,426,651		26,411	
44	LABORATORY			35,877,339		1,423,031	
47	BLOOD STORING, PROCESSING			5,236,370		478,756	
49	RESPIRATORY THERAPY			3,355,642		595,885	
50	PHYSICAL THERAPY			1,409,223		132,208	
53	ELECTROCARDIOLOGY			3,636,190		154,315	
54	ELECTROENCEPHALOGRAPHY			142,579		7,493	
55	MEDICAL SUPPLIES CHARGED			7,667,711		631,310	
55 01	NUTRITIONAL COUNSELING			415,630		11,064	
56	DRUGS CHARGED TO PATIENTS			345,747,110		7,262,693	
56 01	ONCOLOGY			16,859,067		26,825	
59	REFERENCE LAB						
	OUTPAT SERVICE COST CNTRS						
60 01	PAIN MANAGEMENT			806,360		53,596	
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS			2,154,648			
	OTHER REIMBURS COST CNTRS						
101	TOTAL			566,828,587		14,039,096	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	1,347,017					
38	RECOVERY ROOM	218,630					
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	126,897					
41 01	CT SCAN	5,321,874					
41 02	ULTRASOUND	58,396					
41 03	PET SCAN	2,001,765					
41 04	MAMMOGRAPHY	54,053					
41 05	MRI	828,029					
42	RADIOLOGY-THERAPEUTIC	5,899,920					
43	RADIOISOTOPE	298,794					
44	LABORATORY	3,642,619					
47	BLOOD STORING, PROCESSING	180,391					
49	RESPIRATORY THERAPY	41,359					
50	PHYSICAL THERAPY	92,886					
53	ELECTROCARDIOLOGY	393,755					
54	ELECTROENCEPHALOGRAPHY	18,805					
55	MEDICAL SUPPLIES CHARGED	284,757					
55 01	NUTRITIONAL COUNSELING	31,612					
56	DRUGS CHARGED TO PATIENTS	31,959,665					
56 01	ONCOLOGY	1,836,600					
59	REFERENCE LAB						
	OUTPAT SERVICE COST CNTRS						
60 01	PAIN MANAGEMENT	15,012					
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS	331,247					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	54,984,083					

TITLE XVIII, PART B

HOSPITAL

		Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
Cost Center Description		1	1.02	2	3	4
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	.326196	.326196			
38	RECOVERY ROOM	.465407	.465407			
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	2.981003	2.981003			
41 01	CT SCAN	.060771	.060771			
41 02	ULTRASOUND	.448378	.448378			
41 03	PET SCAN	.169499	.169499			
41 04	MAMMOGRAPHY	2.722049	2.722049			
41 05	MRI	.206028	.206028			
42	RADIOLOGY-THERAPEUTIC	.212122	.212122			
43	RADIOISOTOPE	.381967	.381967			
44	LABORATORY	.214693	.214693			
47	BLOOD STORING, PROCESSING & TRANS.	.515766	.515766			
49	RESPIRATORY THERAPY	.469625	.469625			
50	PHYSICAL THERAPY	.902851	.902851			
53	ELECTROCARDIOLOGY	.178898	.178898			
54	ELECTROENCEPHALOGRAPHY	.978805	.978805			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.987106	.987106			
55 01	NUTRITIONAL COUNSELING	2.241703	2.241703			
56	DRUGS CHARGED TO PATIENTS	.232419	.232419			
56 01	ONCOLOGY	.714581	.714581			
59	REFERENCE LAB					
	OUTPAT SERVICE COST CNTRS					
60 01	PAIN MANAGEMENT	1.135355	1.135355			
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DISTINCT PART)	.075583	.075583			
101	SUBTOTAL					
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES					

TITLE XVIII, PART B

HOSPITAL

	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		1,347,017			
38 RECOVERY ROOM		218,630			
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC		126,897			
41 01 CT SCAN		5,321,874			
41 02 ULTRASOUND		58,396			
41 03 PET SCAN		2,001,765			
41 04 MAMMOGRAPHY		54,053			
41 05 MRI		828,029			
42 RADIOLOGY-THERAPEUTIC		5,899,920			
43 RADIOISOTOPE		298,794			
44 LABORATORY		3,642,619			
47 BLOOD STORING, PROCESSING & TRANS.		180,391			
49 RESPIRATORY THERAPY		41,359			
50 PHYSICAL THERAPY		92,886			
53 ELECTROCARDIOLOGY		393,755			
54 ELECTROENCEPHALOGRAPHY		18,805			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		284,757			
55 01 NUTRITIONAL COUNSELING		31,612			
56 DRUGS CHARGED TO PATIENTS		31,959,665			
56 01 ONCOLOGY		1,836,600			
59 REFERENCE LAB					
60 01 PAIN MANAGEMENT		15,012			
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)		331,247			
101 SUBTOTAL		54,984,083			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		54,984,083			

TITLE XVIII, PART B

HOSPITAL

Cost Center Description		Outpatient Radiology	Other Outpatient Diagnostic	All other	PPS Services FYB to 12/31	Non-PPS Services
		7	8	9	9.01	9.02
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM				439,392	
38	RECOVERY ROOM				101,752	
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC				378,280	
41 01	CT SCAN				323,416	
41 02	ULTRASOUND				26,183	
41 03	PET SCAN				339,297	
41 04	MAMMOGRAPHY				147,135	
41 05	MRI				170,597	
42	RADIOLOGY-THERAPEUTIC				1,251,503	
43	RADIOISOTOPE				114,129	
44	LABORATORY				782,045	
47	BLOOD STORING, PROCESSING & TRANS.				93,040	
49	RESPIRATORY THERAPY				19,423	
50	PHYSICAL THERAPY				83,862	
53	ELECTROCARDIOLOGY				70,442	
54	ELECTROENCEPHALOGRAPHY				18,406	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS				281,085	
55 01	NUTRITIONAL COUNSELING				70,865	
56	DRUGS CHARGED TO PATIENTS				7,428,033	
56 01	ONCOLOGY				1,312,399	
59	REFERENCE LAB					
60 01	OUTPAT SERVICE COST CNTRS					
61	PAIN MANAGEMENT				17,044	
62	EMERGENCY					
62	OBSERVATION BEDS (NON-DISTINCT PART)				25,037	
101	SUBTOTAL				13,493,365	
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES				13,493,365	

Health Financial Systems	MCRIF32	FOR MIDWESTERN REGIONAL MEDICAL CENTER	IN LIEU OF FORM CMS-2552-96(08/2000) CONTD		
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST	I	PROVIDER NO:	I PERIOD:	I	PREPARED 11/19/2009
	I	14-0100	I FROM 7/ 1/2008	I	WORKSHEET D
	I	COMPONENT NO:	I TO 6/30/2009	I	PART VI
	I	14-0100	I	I	

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1
2	PROGRAM VACCINE CHARGES	.232419
3	PROGRAM COSTS	760
		177

COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/19/2009
I	14-0100	I	FROM 7/ 1/2008	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO 6/30/2009	I	PART I
I	14-0100	I		I	

TITLE V - I/P

HOSPITAL

I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	9,867
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	9,867
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1,490
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	8,377
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	9,585,995
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,780,342
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	7,805,653
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	1,194.86
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	931.80
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	263.06
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	

TITLE V - I/P HOSPITAL

II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT		932			
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1
49 TOTAL PROGRAM INPATIENT COSTS					

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES
 52 TOTAL PROGRAM EXCLUDABLE COST
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES
 55 TARGET AMOUNT PER DISCHARGE
 56 TARGET AMOUNT
 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
 BONUS PAYMENT
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
 AND COMPOUNDED BY THE MARKET BASKET
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
 BASKET
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)
 OTHERWISE ENTER ZERO.
 58.04 RELIEF PAYMENT
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
 59.03 PROGRAM DISCHARGES AFTER JULY 1
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE
 COST REPORTING PERIOD
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE
 COST REPORTING PERIOD
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

TITLE V - I/P HOSPITAL

III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

1

66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE
 SERVICE COST
 67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM
 68 PROGRAM ROUTINE SERVICE COST
 69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM
 70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS
 71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS
 72 PER DIEM CAPITAL-RELATED COSTS
 73 PROGRAM CAPITAL-RELATED COSTS
 74 INPATIENT ROUTINE SERVICE COST
 75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS
 76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION
 77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION
 78 INPATIENT ROUTINE SERVICE COST LIMITATION
 79 REASONABLE INPATIENT ROUTINE SERVICE COSTS
 80 PROGRAM INPATIENT ANCILLARY SERVICES
 81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION
 82 TOTAL PROGRAM INPATIENT OPERATING COSTS

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BED DAYS
 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM
 85 OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST					
87 NEW CAPITAL-RELATED COST					
88 NON PHYSICIAN ANESTHETIST					
9.01 MEDICAL EDUCATION - ALLIED HEA					
9.02 MEDICAL EDUCATION - ALL OTHER					

1

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	9,867
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	9,867
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1,490
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	8,377
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,437
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH	
	DECEMBER 31 OF THE COST REPORTING PERIOD	
	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER	
	DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH	
	DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER	
	DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	16,914,596
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST	
	REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST	
	REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST	
	REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST	
	REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	16,914,596

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	11,018,962
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	945,973
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	7,837,905
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.535044
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	634.88
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	935.65
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	16,914,596

TITLE XVIII PART A

HOSPITAL

PPS

II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 1,714.26
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 2,463,392
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 2,463,392

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	3,741,166	932	4,014.13	148	594,091
44 CORONARY CARE UNIT	200,060				
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1 4,470,297
49 TOTAL PROGRAM INPATIENT COSTS					7,527,780

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 325,678
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 367,774
52 TOTAL PROGRAM EXCLUDABLE COST 693,452
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
ANESTHETIST, AND MEDICAL EDUCATION COSTS 6,834,328

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES
55 TARGET AMOUNT PER DISCHARGE
56 TARGET AMOUNT
DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
BONUS PAYMENT
58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
AND COMPOUNDED BY THE MARKET BASKET
58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
BASKET
58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE
LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN
EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)
OTHERWISE ENTER ZERO.
58.04 RELIEF PAYMENT
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
59.03 PROGRAM DISCHARGES AFTER JULY 1
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
(SEE INSTRUCTIONS) (LTCH ONLY)
59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
(SEE INSTRUCTIONS) (LTCH ONLY)
59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST
REPORTING PERIOD (SEE INSTRUCTIONS)
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST
REPORTING PERIOD (SEE INSTRUCTIONS)
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE
COST REPORTING PERIOD
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE
COST REPORTING PERIOD
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

TITLE XVIII PART A

HOSPITAL

PPS

III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST
 67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM
 68 PROGRAM ROUTINE SERVICE COST
 69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM
 70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS
 71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS
 72 PER DIEM CAPITAL-RELATED COSTS
 73 PROGRAM CAPITAL-RELATED COSTS
 74 INPATIENT ROUTINE SERVICE COST
 75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS
 76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION
 77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION
 78 INPATIENT ROUTINE SERVICE COST LIMITATION
 79 REASONABLE INPATIENT ROUTINE SERVICE COSTS
 80 PROGRAM INPATIENT ANCILLARY SERVICES
 81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION
 82 TOTAL PROGRAM INPATIENT OPERATING COSTS

1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BED DAYS
 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM
 85 OBSERVATION BED COST

95
 1,714.26
 162,855

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST		16,914,596		162,855	
87 NEW CAPITAL-RELATED COST	1,833,966	16,914,596	.108425	162,855	17,658
88 NON PHYSICIAN ANESTHETIST		16,914,596		162,855	
01 MEDICAL EDUCATION - ALLIED HEA		16,914,596		162,855	
02 MEDICAL EDUCATION - ALL OTHER					

TITLE XIX - I/P

HOSPITAL

OTHER

I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	9,867
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	9,867
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1,490
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	8,377
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	50
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	16,914,596
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	16,914,596

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	9,585,995
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,780,342
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	7,805,653
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.764511
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	1,194.86
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	931.80
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	263.06
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	464.17
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	691,613
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	16,222,983

TITLE XIX - I/P

HOSPITAL

OTHER

II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 1,644.17
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 82,209
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 82,209

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	3,741,166	932	4,014.13	5	20,071
44 CORONARY CARE UNIT	200,060				
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1
49 TOTAL PROGRAM INPATIENT COSTS					102,280

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES
 52 TOTAL PROGRAM EXCLUDABLE COST
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES
 55 TARGET AMOUNT PER DISCHARGE
 56 TARGET AMOUNT
 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
 BONUS PAYMENT
 .01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
 AND COMPOUNDED BY THE MARKET BASKET
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
 BASKET
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)
 OTHERWISE ENTER ZERO.
 58.04 RELIEF PAYMENT
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
 59.03 PROGRAM DISCHARGES AFTER JULY 1
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE
 COST REPORTING PERIOD
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE
 COST REPORTING PERIOD
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

TITLE XIX - I/P HOSPITAL OTHER

III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST
 67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM
 68 PROGRAM ROUTINE SERVICE COST
 69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM
 70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS
 71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS
 72 PER DIEM CAPITAL-RELATED COSTS
 73 PROGRAM CAPITAL-RELATED COSTS
 74 INPATIENT ROUTINE SERVICE COST
 75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS
 76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION
 77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION
 78 INPATIENT ROUTINE SERVICE COST LIMITATION
 79 REASONABLE INPATIENT ROUTINE SERVICE COSTS
 80 PROGRAM INPATIENT ANCILLARY SERVICES
 81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION
 82 TOTAL PROGRAM INPATIENT OPERATING COSTS

1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BED DAYS 95
 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 1,714.26
 85 OBSERVATION BED COST 162,855

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST					
87 NEW CAPITAL-RELATED COST					
88 NON PHYSICIAN ANESTHETIST					
1 MEDICAL EDUCATION					
.01 MEDICAL EDUCATION - ALLIED HEA					
.02 MEDICAL EDUCATION - ALL OTHER					

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A I	COST CENTER DESCRIPTION NO.	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
	ADULTS & PEDIATRICS		1,684,172	
26	INTENSIVE CARE UNIT		329,346	
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.326196	1,313,399	428,426
38	RECOVERY ROOM	.465407	90,212	41,985
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC			
41 01	CT SCAN	2.981003	100,703	300,196
41 02	ULTRASOUND	.060771	559,598	34,007
41 03	PET SCAN	.448378	36,637	16,427
41 04	MAMMOGRAPHY	.169499	58,401	9,899
41 05	MRI	2.722049	-332	-904
42	RADIOLOGY-THERAPEUTIC	.206028	135,561	27,929
43	RADIOISOTOPE	.212122	941,330	199,677
44	LABORATORY	.381967	26,411	10,088
47	BLOOD STORING, PROCESSING & TRANS.	.214693	1,423,031	305,515
49	RESPIRATORY THERAPY	.515766	478,756	246,926
50	PHYSICAL THERAPY	.469625	595,885	279,842
53	ELECTROCARDIOLOGY	.902851	132,208	119,364
54	ELECTROENCEPHALOGRAPHY	.178898	154,315	27,607
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.978805	7,493	7,334
55 01	NUTRITIONAL COUNSELING	.987106	631,310	623,170
56	DRUGS CHARGED TO PATIENTS	2.241703	11,064	24,802
56 01	ONCOLOGY	.232419	7,262,693	1,687,988
59	REFERENCE LAB	.714581	26,825	19,169
	OUTPAT SERVICE COST CNTRS			
60 01	PAIN MANAGEMENT	1.135355	53,596	60,850
61	EMERGENCY			
62	OBSERVATION BEDS (NON-DISTINCT PART)	.075583		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		14,039,096	4,470,297
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		14,039,096	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/19/2009
I	14-0100	I	FROM 7/ 1/2008	I	WORKSHEET E
I	COMPONENT NO:	I	TO 6/30/2009	I	PART A
I	14-0100	I		I	

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION

		1	1.01
	DRG AMOUNT		
1	OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1		
1.01	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	377,792	430,867
1.02	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		992,201
	MANAGED CARE PATIENTS		
1.03	PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04	PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05	PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06	ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07	PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08	SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2	OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01	OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	2,049,064	
3	BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD		60.82
	INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01	NUMBER OF INTERNS & RESIDENTS FROM WKST 5-3, PART I		
3.02	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06	ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
	FOR CR PERIODS ENDING ON OR AFTER 7/1/2005		
	E-3 PT 6 LN 15 PLUS LN 3.06		
4.07	SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
4.08	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		1.00
3.09	FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10	FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13	FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		1.00
3.14	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		1.00
3.15	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		2.00
3.16	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		2.00
3.17	SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		1.67
3.18	CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		.027458
3.19	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		.020548
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)		.020548
3.21	IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		4,219
3.22	IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		4,811
3.23	IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		11,080
	SUM OF LINES 3.21 - 3.23		
	20,110		
3.24	SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		20,110
	DISPROPORTIONATE SHARE ADJUSTMENT		
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET 5-3, PART I		
4.02	SUM OF LINES 4 AND 4.01		
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		
4.04	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		
	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
	TOTAL MEDICARE DISCHARGES ON WKST 5-3, PART I EXCLUDING DISCHARGES FOR DRGS 302, 316, 317 OR MS-DRGS 652, 682 - 685.(SEE INSTRUCTIONS)		
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION

1 1.01

5.02	DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)	
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, 317, OR MS-DRGs 652, 682-685. (SEE INSTRUCTIONS)	
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK	
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRU	
5.06	TOTAL ADDITIONAL PAYMENT	
6	SUBTOTAL (SEE INSTRUCTIONS)	3,870,034
7	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)	
7.01	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)	
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	3,870,034
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	338,847
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)	
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)	7,453
11.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
11.02	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES	
12	NET ORGAN ACQUISITION COST	
13	COST OF TEACHING PHYSICIANS	
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS	
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	
16	TOTAL	4,216,334
17	PRIMARY PAYER PAYMENTS	
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	4,216,334
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	138,248
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	
21	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	29,640
21.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	20,748
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
22	SUBTOTAL	4,098,834
	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
	OTHER ADJUSTMENTS (SPECIFY)	
24.98	CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES	
24.99	OUTLIER RECONCILIATION ADJUSTMENT	
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
26	AMOUNT DUE PROVIDER	4,098,834
27	SEQUESTRATION ADJUSTMENT	
28	INTERIM PAYMENTS	4,050,486
28.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
29	BALANCE DUE PROVIDER (PROGRAM)	48,348
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

----- FI ONLY -----

50	OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01
51	CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		177
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	13,493,365
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	9,452,876
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.758
1.04	LINE 1.01 TIMES LINE 1.03.	10,227,971
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	92.42
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	177
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	760
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	760
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	760
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	583
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	177
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	9,452,876
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,888,487
19	SUBTOTAL (SEE INSTRUCTIONS)	7,564,566
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	13,360
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	7,577,926
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	7,577,926
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	137,267
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	96,087
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	7,674,013
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	7,674,013
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	7,721,934
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-47,921
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

TITLE XVIII

HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		4,016,467		7,564,389
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		34,019		157,545
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE 4,050,486		NONE 7,721,934
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT		NONE		NONE
AMOUNT (BALANCE DUE)		48,348		
BASED ON COST REPORT (1)				47,921
TOTAL MEDICARE PROGRAM LIABILITY		4,098,834		7,674,013

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ____/____/____

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT			
NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE			
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4). E-3, PT 6 LN 4 + LINE 3.03		
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)		
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		
3.10	SEE INSTRUCTIONS		
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		1.50
3.12	SEE INSTRUCTIONS		1.50
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		2.00
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		2.00
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	1.83
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)		1.83
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		76,808.58
3.18	SEE INSTRUCTIONS		140,560
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		
3.21	SEE INSTRUCTIONS	RES INIT YEARS	
3.22	SEE INSTRUCTIONS		
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		76,808.58
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		140,560
COMPUTATION OF PROGRAM PATIENT LOAD			
4	PROGRAM PART A INPATIENT DAYS		1,585
5	TOTAL INPATIENT DAYS		10,704
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS. LN 6 * LN 3.25 + E-3, 6 L 11		.148075
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 20,813		20,813
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		10,704
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS) PRIOR TO 422 E-3,6 LN 12		100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY			
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES		

TITLE XVIII

10 MEDICARE OUTPATIENT ESRD CHARGES
 MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS

ALLOCATIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY

PART A REASONABLE COST

12	REASONABLE COST (SEE INSTRUCTIONS)	7,527,780
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	
16	TOTAL PART A REASONABLE COST	7,527,780

PART B REASONABLE COST

17	REASONABLE COST	13,493,542
18	PRIMARY PAYER PAYMENTS	
19	TOTAL PART B REASONABLE COST	13,493,542
20	TOTAL REASONABLE COST	21,021,322
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.358102
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.641898

ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B

23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	20,813
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	7,453
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	13,360

TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT

- NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE
- 1.01 NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)
- 2 UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY
- 2.01 UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)
- 3 AGGREGATE APPROVED AMOUNT
- 3.01 UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96
- 3.02 UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)
- 3.03 UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4). E-3, PT 6 LN 4 + LINE 3.03
- 3.04 FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)
- 3.05 UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS
- 3.06 ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.
- 3.07 WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.
- 3.08 WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.
- 3.09 ENTER THE SUM OF LINES 3.07 AND 3.08.
- 3.10 SEE INSTRUCTIONS
- 3.11 WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.
- 3.12 SEE INSTRUCTIONS
- 3.13 TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)
- 3.14 TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)
- 3.15 ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)
- 3.16 ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)
- 3.17 ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.
- 3.18 SEE INSTRUCTIONS
- 3.19 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)
- 3.20 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)
- 3.21 SEE INSTRUCTIONS
- 3.22 SEE INSTRUCTIONS
- 3.23 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001
- 3.24 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001
- 3.25 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001

RES INIT YEARS

RES INIT YEARS

COMPUTATION OF PROGRAM PATIENT LOAD

- 4 PROGRAM PART A INPATIENT DAYS 55
- 5 TOTAL INPATIENT DAYS 10,704
- 6 RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS. LN 6 * LN 3.25 + E-3, 6 L 11 .005138
- 6.01 TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS
- 6.02 PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)
- 6.03 ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE. 10,704
- 6.04 ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS) 100.00
- 6.05 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.
- 6.06 PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)
- 6.07 ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS) 100.00
- 6.08 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD PRIOR TO 422 E-3,6 LN 12

DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY

- 7 RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS
- 8 RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES
- 9 RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES

Health Financial Systems MCRIF32 FOR MIDWESTERN REGIONAL MEDICAL CENTER IN LIEU OF FORM CMS-2552-96-E-3 (05/2008)
DIRECT GRADUATE MEDICAL EDUCATION (GME) I PROVIDER NO: I PERIOD: I PREPARED 11/19/2009
& ESRD OUTPATIENT DIRECT MEDICAL I 14-0100 I FROM 7/ 1/2008 I WORKSHEET E-3
EDUCATION COSTS I I TO 6/30/2009 I PART IV

TITLE XIX

00 MEDICARE OUTPATIENT ESRD CHARGES
MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY
PART A REASONABLE COST

12 REASONABLE COST (SEE INSTRUCTIONS)
13 ORGAN ACQUISITION COSTS
14 COST OF TEACHING PHYSICIANS
15 PRIMARY PAYER PAYMENTS
16 TOTAL PART A REASONABLE COST

PART B REASONABLE COST

17 REASONABLE COST
18 PRIMARY PAYER PAYMENTS
19 TOTAL PART B REASONABLE COST
20 TOTAL REASONABLE COST
21 RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST
22 RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST

ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B

23 TOTAL PROGRAM GME PAYMENT
23.01 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97
(SUM OF LINES 6.01, 6.05, & 6.08)
24 PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY
25 PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY

TITLE XVIII

CULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

- 1 RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD.
- 2 REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)
- 3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)
- 4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)

COLUMN 1
1.000000

COLUMN 1.01

CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA

- 5 ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)
- 5.01 PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS (COST REPORTING PERIODS OVERLAPPING 7/1/2005 ONLY)
- 6 DIRECT GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)
- 7 SECT. 422 ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)
- 8 ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)
- 9 MULTIPLY LINE 7 TIMES LINE 8
- 10 MEDICARE PROGRAM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6.
- 11 DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS (MULTIPLY LN 9 * LN 10)
- 12 DIRECT GME PAYMENT FOR MANAGED CARE DAYS (MULTIPLY LINE 9 BY WKST E-3, PART IV [(LINE 6.02+6.06)/LINE 5])

CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA

- 13 REDUCED IME FTE CAP (SEE INSTRUCTIONS)
- 14 UNADJUSTED IME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05)
- 15 PRORATED REDUCED ALLOWABLE IME FTE CAP

CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

- 16 NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(c).
- 17 IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)
- 18 IF THE AMOUNT ON LINE 17 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 16 OR LINE 17 (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2005)
- 19 RESIDENT TO BED COUNT (DIVIDE LINE 18 BY LINE 3 OF WKST E, PART A)
- 20 IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)
- 21 DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005.
- 2 SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005
- ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS				
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	37,629,679			
5 OTHER RECEIVABLES	718,270			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7 INVENTORY	1,886,904			
8 PREPAID EXPENSES	2,644,844			
9 OTHER CURRENT ASSETS				
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	42,879,697			
FIXED ASSETS				
12 LAND				
12.01 LAND IMPROVEMENTS				
13 LESS ACCUMULATED DEPRECIATION				
14 BUILDINGS				
14.01 LESS ACCUMULATED DEPRECIATION				
15 LEASEHOLD IMPROVEMENTS	67,812,386			
15.01 LESS ACCUMULATED DEPRECIATION	-15,800,950			
16 FIXED EQUIPMENT				
16.01 LESS ACCUMULATED DEPRECIATION				
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT				
18.01 LESS ACCUMULATED DEPRECIATION				
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	52,011,436			
OTHER ASSETS				
22 INVESTMENTS	8,408,799			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS	9,799,897			
25 OTHER ASSETS				
26 TOTAL OTHER ASSETS	18,208,696			
7 TOTAL ASSETS	113,099,829			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
28 CURRENT LIABILITIES				
29 ACCOUNTS PAYABLE	6,999,057			
30 SALARIES, WAGES & FEES PAYABLE				
31 PAYROLL TAXES PAYABLE				
32 NOTES AND LOANS PAYABLE (SHORT TERM)				
33 DEFERRED INCOME				
34 ACCELERATED PAYMENTS				
35 DUE TO OTHER FUNDS	24,153,785			
36 OTHER CURRENT LIABILITIES	27,486,618			
37 TOTAL CURRENT LIABILITIES	58,639,460			
38 LONG TERM LIABILITIES				
39 MORTGAGE PAYABLE				
40.01 NOTES PAYABLE	20,163,885			
40.02 UNSECURED LOANS				
41 LOANS PRIOR TO 7/1/66				
42 ON OR AFTER 7/1/66				
43 OTHER LONG TERM LIABILITIES				
44 TOTAL LONG-TERM LIABILITIES	20,163,885			
45 TOTAL LIABILITIES	78,803,345			
46 CAPITAL ACCOUNTS				
47 GENERAL FUND BALANCE	34,296,484			
48 SPECIFIC PURPOSE FUND				
49 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
50 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
51 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
52 PLANT FUND BALANCE-INVESTED IN PLANT				
53 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
54 TOTAL FUND BALANCES	34,296,484			
55 TOTAL LIABILITIES AND FUND BALANCES	113,099,829			

	GENERAL FUND	SPECIFIC PURPOSE FUND
	1	2
	3	4
1 FUND BALANCE AT BEGINNING		
2 OF PERIOD		-6,094,890
3 NET INCOME (LOSS)		-232,276,735
4 TOTAL		-238,371,625
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		
6		
7		
8		
9		
10 TOTAL ADDITIONS		
11 SUBTOTAL		-238,371,625
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		
13		
14		
15		
16		
17		
18 TOTAL DEDUCTIONS		
19 FUND BALANCE AT END OF		-238,371,625
PERIOD PER BALANCE SHEET		

	ENDOWMENT FUND	PLANT FUND
	5	6
	7	8
1 FUND BALANCE AT BEGINNING		
2 OF PERIOD		
3 NET INCOME (LOSS)		
4 TOTAL		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		
6		
7		
8		
9		
10 TOTAL ADDITIONS		
11 SUBTOTAL		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		
13		
14		
15		
16		
17		
18 TOTAL DEDUCTIONS		
19 FUND BALANCE AT END OF		
PERIOD PER BALANCE SHEET		

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL			
4 00 SWING BED - SNF	11,995,684		11,995,684
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	11,995,684		11,995,684
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	2,978,189		2,978,189
11 00 CORONARY CARE UNIT			
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	2,978,189		2,978,189
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	14,973,873		14,973,873
17 00 ANCILLARY SERVICES	68,176,561	130,814,768	198,991,329
18 00 OUTPATIENT SERVICES	1,688,648	4,622,682	6,311,330
24 00			
25 00 TOTAL PATIENT REVENUES	84,839,082	135,437,450	220,276,532

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		347,113,534
ADD (SPECIFY)		
27 00 BAD DEBTS	6,387,951	
28 00		
29 00		
30 00		
31 00		
32 00		
33 00 TOTAL ADDITIONS		6,387,951
DEDUCT (SPECIFY)		
34 00 OTHER INCOME	676,297	
35 00		
36 00		
37 00		
38 00		
39 00 TOTAL DEDUCTIONS		676,297
40 00 TOTAL OPERATING EXPENSES		352,825,188

DESCRIPTION

1	TOTAL PATIENT REVENUES	220,276,532
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	99,728,079
3	NET PATIENT REVENUES	120,548,453
4	LESS: TOTAL OPERATING EXPENSES	352,825,188
5	NET INCOME FROM SERVICE TO PATIENTS	-232,276,735
6	OTHER INCOME	
7	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
8	INCOME FROM INVESTMENTS	
9	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
10	REVENUE FROM TELEVISION AND RADIO SERVICE	
11	PURCHASE DISCOUNTS	
12	REBATES AND REFUNDS OF EXPENSES	
13	PARKING LOT RECEIPTS	
14	REVENUE FROM LAUNDRY AND LINEN SERVICE	
15	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
16	REVENUE FROM RENTAL OF LIVING QUARTERS	
17	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES	
18	TO OTHER THAN PATIENTS	
19	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	
20	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
21	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
22	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
23	RENTAL OF VENDING MACHINES	
24	RENTAL OF HOSPITAL SPACE	
25	GOVERNMENTAL APPROPRIATIONS	
26	TOTAL OTHER INCOME	
27	TOTAL	-232,276,735
28	OTHER EXPENSES	
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	-232,276,735

T I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	149,870
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	186,549
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	29.33
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	1.67
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	1.62
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	2,428
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI REEPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	338,847
PART II	- HOLD HARMLESS METHOD	
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III	- PAYMENT UNDER REASONABLE COST	
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
	TOTAL INPATIENT PROGRAM CAPITAL COST	
IV	- COMPUTATION OF EXCEPTION PAYMENTS	
	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	